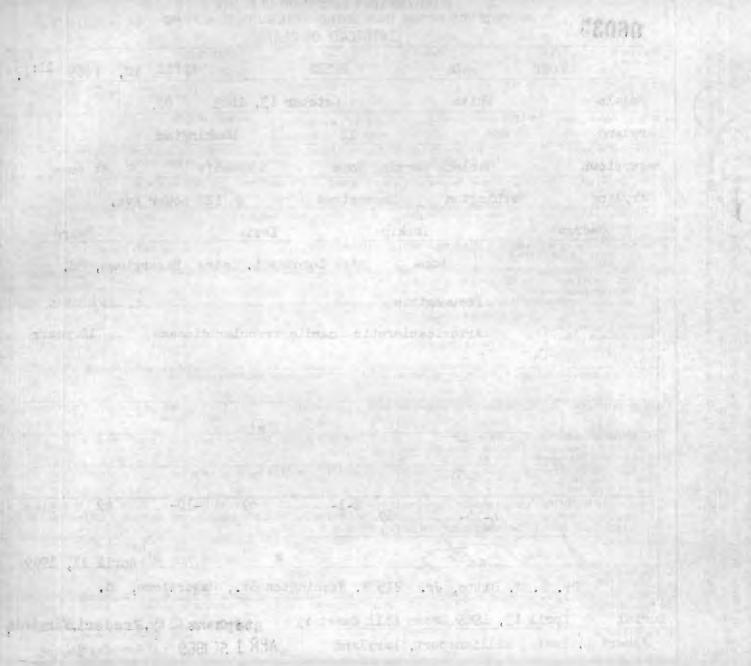
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MARYLAND STATE DEPARTMENT OF HEALTH 06036 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06032 CERTIFICATE OF DEATH I. DECEASED-NAME First 2g. DATE OF DEATH 2b. HOUR executed within 24 hours after death (Type or print) Month a. SEX 4. RACE DATE OF BIRTH IF ITNDER I YEAR SE LINDER 24 HRS 6. AGE (In years DAYS last birthaay) MONTHS | Feb. 1. 1889 80 YRS and completely filled in by 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH . MARRIED NEVER MARRIED remove carbon popers. WASHINGTON WIDOWED T DIVORCED Adams Co. Pa. 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126. KIND OF BUSINESS OR HAGERSTOWN give street address)
WESTERN MD. during mast af warking life, even if retired.) INDUSTRY abor 13a. USUAL RESIDENCE (Where deceased lived/if institution: Residence before 13d. INSIDE CITY CIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13b COUNTY YES 😓 NO T South Seton 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Last 5 Bell Overholtzer requires that the death certificate ba Jane John the attending physician sit permit. Then please puo 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) I (If was give war or dates of service) or removol, 220-05-6293 Frances Rosensteel. Emmi tshure 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) reumonia cremotion, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO T Heofth p 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) ō OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while 22a. I certify that (1) (this haspital) attended the deceased from. 1960, to 1967, and that in (my) (aur) apinion death accurred an the date and haur and fram the saw the deceased alive on. causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Poge 4 may NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15VE 30M REV.

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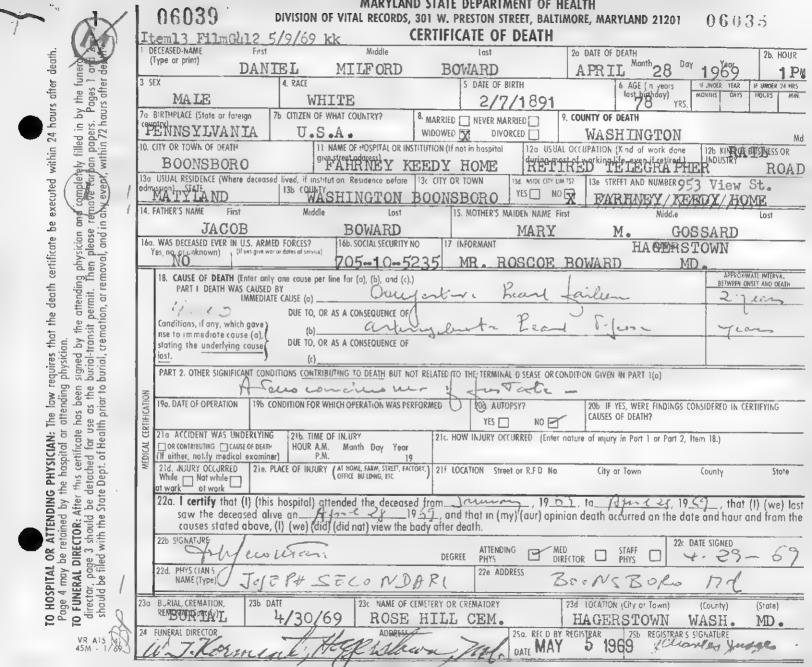
TATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6033
DEPT.		CEASED-NAME First Middle Lost 20. DATE KNOWN Month C	Day Year 2b HOUR
50	(ype or Print) William Stewart Blevins Of ESTI- DEATH MATED TO April	30, 169 140
	3, 51	4. RACE S. DATE OF BIRTH 6. AGE (In years lif under 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months OAYS HOURS MIN. April 30. Day Male White August 1, 1908 60 YRS.	yeor 169 A. Hou
nebo		IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED № NEVER MARRIED 9. COUNTY OF DEATH	
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OK		give street address)	26, KIND OF BUSINESS OR HOUSTRY Transportati
00		agerstown R # 6 Martin Road Railroad USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN (13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	ransportati
2/		Wasyland 13b. Washington Hagerstown YES NO 18 R # 6 Martin R	oad
9	14, F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
sino cinon		Lonnie Booker Blevins Mollie Clark	Hoover
		VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS as, no, or unknown [1] [If yes give wor or dotes of service]	44.4
		No 705-10-8247 Mrs. Carrie M. Slevins R # 6 Hage	APPROXIMATE INTERVAL
		18: CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (6) Cardiac arrhythmia incident to healed	Instant
		Due TO, or as a consequence of myovardial infarct Conditions, if ony, which gove) Concording the conditions are the conditions are the conditions.	Desaut
		rise to immediate cause (a). (b) DOTORALLY STREET OF THE OFFICE WILLIAM CARLES OF THE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE	Recent
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	TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
/	CERTIFICATION	WAS PERFORMED?	YES NO
	MEDICAL CERT	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 210. TIME OF INJURY Manth, Day, Year PORT ON TRIBUTING Part 1 or Part 2, Item P.M. 19	
	ME	21d. INJURY OCCURRED WHITE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, at work at work 21f. LOCATION Street or R.F.D. No. City or Town Catory, office building, etc.)	County State
		22a. I certify that I took charge of the remains described above, held an Autapsy: Inspection, Inquiry,	and in my opinio
		deoth resulted fram: Natural causes 🛣, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined monner 🗌	
		ACTUAL CHIEF MEDICAL EXAMINER CHIEF C	4117
-		SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER L. 220. MATE SI	
<		examiner's NAME (Type) Dr. E. W. Ditto, Jr. 215 W. Washing Wirestiy, www.agerstown, Md.	
-1	230		County) (State)
-	200	REMOVAL (Specify) Burial May 4,1969 Rest Haven Cemetery Hagerstown-Washi	
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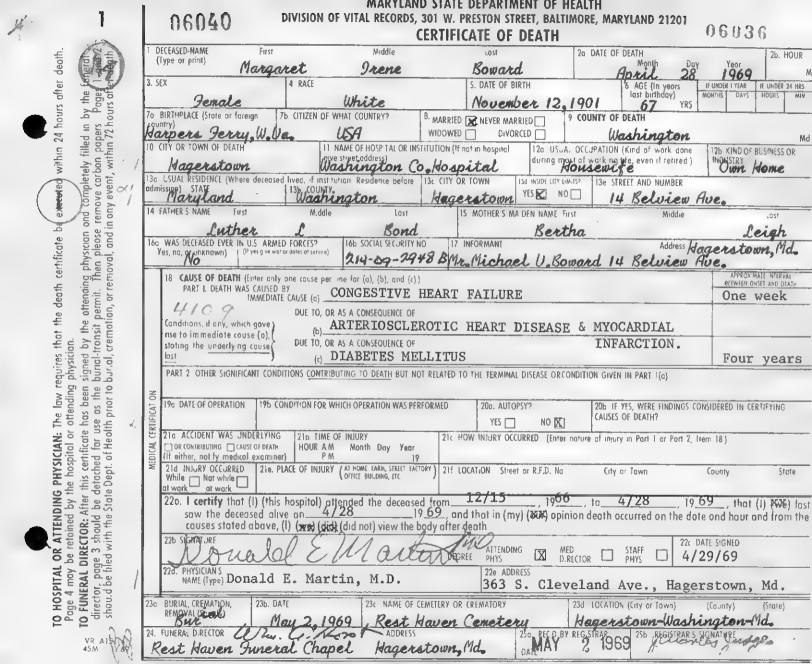
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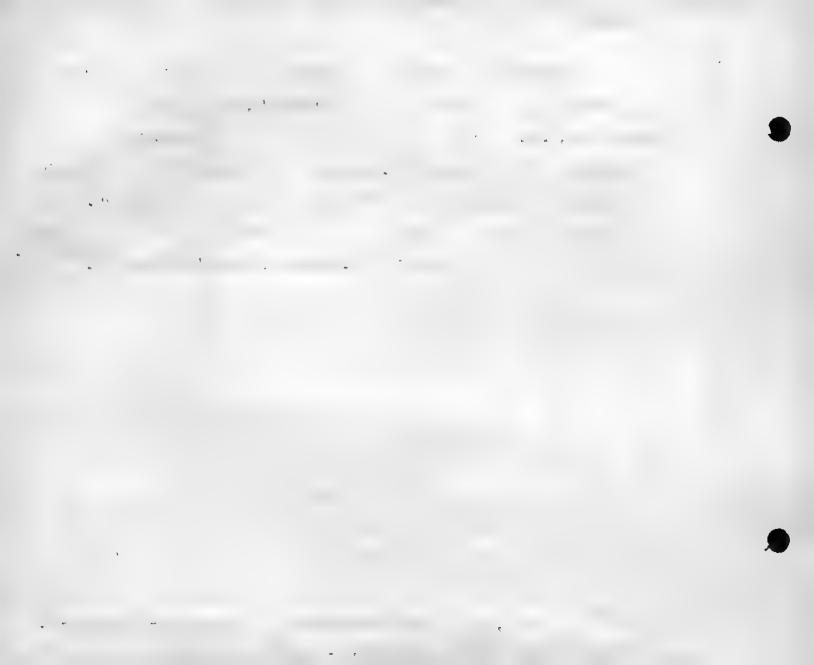
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06037 06041 CERTIFICATE OF DEATH 1. DECEASED-NAME 2b. HOUR deoth. Month / (Type or pnnt) SEORGIA BOAN : The law requires that the death certificate be executed within 24 hours ofter 3. SEX 4 RACE S. DATE OF BIRTH AGE (In years IF UNDER I YEAR F UNDER 24 HRS last birthoay) 1-21-23 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED WASHINGTON signed by the attending physician and completely filled in bural-transit permit. Then please remove carbon papers WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12s USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired)
Housewife INDUSTRY Own Home 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Hagerstownes 14 FATHER'S NAME (IS. MOTHER'S MAIDEN NAME First Last 160 WAS DECEASED EVER/IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 37 INFORMANI Yes, no, or unknown) [If yes give war or dates of service] gerstown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been os the Metas Tasis 10 Del 18 4 reinsper frum & adulate Glord 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION/WAS PERFORMED CAUSES OF CEATH? of Health p 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) be detached (AF HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at work should causes stated abave, (1) (we) (did)/(did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 11.10 DEGREE director, poge 3 should be filed v PHYS DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION Hagerstown Wash Co Rose Hill Cemetery agerstown and ADDRESS Home REGISTRAR S SIGNATURE VR A15 (4)



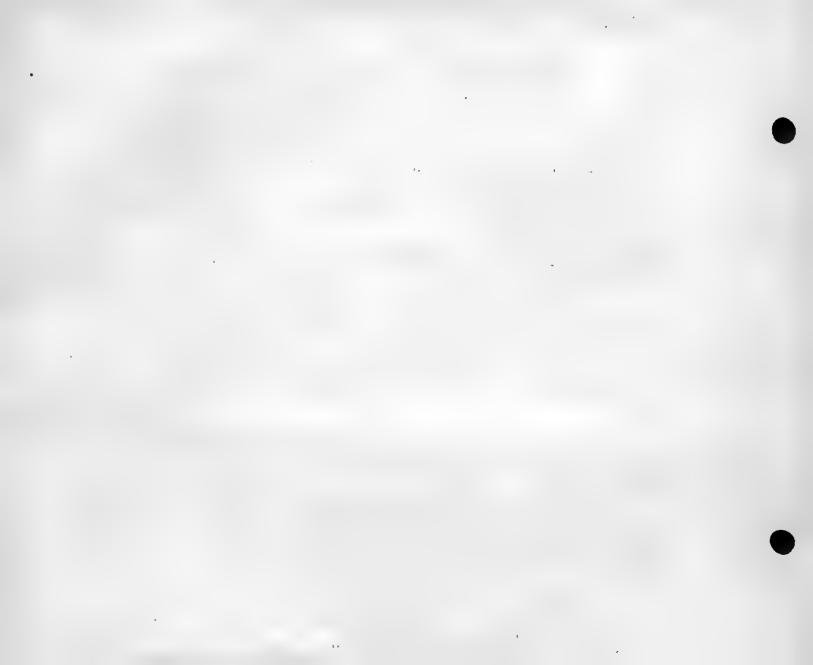
	1	MAKTLAND STATE DEPARTMENT OF HEALTH 06042 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06038
1	'	CERTIFICATE OF DEATH
Teoth.	of 2 of 2 of 3	1. DECEASED NAME First Middle Lost 2a DATE OF DEATH 2b. HOUR (Type or print) Month Doy Year
-	in by the funeral ers. Pages 1 and 2 the posser death	JOSSPH WILLIAM CAMPBELL APRIL 6 1969 1.40 AM
∎fter	he fa	last birthday) Months Days Hours ANK
ours	100	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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III 2	pag Phin	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUA) OCCUPATION (Kind of work done 12b KIND OF BUSINESS DE
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rsic	certifica s certifica ached for spt. of He	CAUSE OF DEATH HOUR A.M. Month Doy Year HOUR A.M. Month Doy Year If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State
E -	l by the nospital After this certifit be detached for	Tal. INJURY OCCURRED The Place of INJURY (A House, Pace, Sizee), Packet, Pack
NIC	oy T Affer State	22a. I certify that (1) (this hospital) attended the deceased from 1967, to 1967, to 1967, that (1) (we) last saw the deceased glive an 1967, and that in (my) (our) appropriate death occurred on the date and hour and from the
TEN	DE retoined DIRECTOR: A je 3 shauld ed with the	saw the deceased alive an 1967, and that in (my) (our) opinion death occurred on the dote and hour and from the courses stated above, (1) (we) (did) (did not) view the bady after death.
TA .	S S S S S S S S S S S S S S S S S S S	22b SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
. O. A.	Ed ed	22d. PHYSICIAN'S 22e. ADDRESS
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O HOSPITAL	Page 4 may be retained by the naspital of FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. of Healt	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY, OR CREMATORY 23d EOCAT ON (City or Town) (County) (State)
2	5 5 9 2	REMOVAL (Specify) Apr 9,1969 ST Peters Capobe Com. New Bruswick Middleson n. J.
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		AAN SOLX ACCOUNT APT HONEY COUNTY OF PURE PROPER STORY COUNTY OF THE BARPR 8 1969 Charles Sudge



	M/	AKYLAND STATE DEPARTMENT OF	
· selfgener	06043 DIVISION OF VITAL R	ECORDS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201 06039
٠	1 DECEASED-NAME First M	ddle Lost	20 DATE OF DEATH 26 HOUR
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and Sign	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIA	L SECURITY NO T7 INFORMANT	Address
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The law requires that the death certificate attending physician. has been signed by the attending physician se as the burial-transit permit. Then please the priar ta burial, crematian, ar remaval, and			APPROXIMATE INTERVAL
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TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	NAME (Type) Lloyd A-Ho	FF2n2n 214 N-	Potomic st- Hagerstown M
UN TO STORY	23a BURIAL, CREMATION 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (Stote)
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the detector	While Not while of work of work
ATTENDING etomed by th CTOR: After should be d iith the State	220 I certify that (I) (this hospital) attended the deceased from 19 1, 19 1, to 19 1, to 19 1, that (I) (we) last saw the deceased give on 19 1, and that in (my) (our) opinion death occurred an the date and hour and from the
P P P P P P P P P P P P P P P P P P P	saw the deceased alive on
OR ATTEN OB PETOTINE DIRECTOR: 4 In 3 should ed with the	coases stated above, (i) give) dial (a) a north-lew the body offer death
OR A Doe ret MRECI	226 SIGNATURE 220 DATE SIGNED 220 DATE SIGNED
Died Ge	DIRECTOR L PHYS 25 April 69
May May be for the first t	22d. PHYSICIAN S NAME (Type) Princhard To Pr
TO HOSPITAL OR ATTENDING PH Page 4 may be retoined by the h FO FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State Dep	Kichard 1. Billiore M.D. 1135 Folomac Avende
HO U Pour	230 BURIA. CREMATION. REMONA. Specifical 4 /26/69 Rose H ill Cemetery Hagerstown Wash o Md
5g 5g	
VR A15(DA	24 FUNERAL DIRECTOR Hagerstown Md ADDRESS Home Inc APR 28 1989 (Chorles Lange)
45M 1766	Andrew K. Coffman Funeral Home Inc APR 28 1989 Charles Judge



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1			DIVISION OF			:PARIMENI UI		H , MARYLAND 21201		
		06046	DIVISION OF			TE OF DEAT		,	06 04 4	
signed by the attending physkian and completely filled in by the funeral burial-transit permit. Then please Temove corban popers. Rages 1 and 2 burial, cremation, or remayol, and in any event, within 72 hours after deoth.		CEASED NAME First		Middle		Lost	2a [DATE OF DEATH Month Do	. Voor	2b HOUR
geo		FOFT		Leroy)ick		April 27	1969	8:48M
	3 SE	Male	4. RACE	hite		DATE OF BIRTH September	27, 1	912 of AGE (In years last bythday) SO YRS.	MONTHS DAYS	IF JADER 24 HRS HOURS MIN
***************************************	cour	IRTHPLACE (State or foreign try) www.sville, Md.	7b. CITIZEN OF W		8 MARRIED X	NEVER MARRIED DIVORCED		NTY OF DEATH ASHINGTON		Md.
11	10. C	ITY OR TOWN OF DEATH HAGERSTOWN	II N	AME OF HOSPITAL OR IN street address) STERN MD.	STATE H	n haspital 12a U during	ISUAL OCCU	PATION (Kind of work done varying life even if ret red) Metal Worker	12b. KIND OF INDUSTRY Metal	BUSINESS OR Prod.
31/	130 odma	USUAL RESIDENCE (Where deced	sed lived, if institu ndi ^{13b.} COUNTY	tran Residence before Wash	Sharpsh	WN 3d INSIDE C		13e. STREET AND NUMBER Rt. #1		
1	14	ATHER S NAME First	Middle	Last	IS. M	OTHER'S MAIDEN NAM	E First	Middle	-	Last
		Alfred		Dick		E	lla		I	Barret
	láo.	WAS DECFASED EVER IN U.S. AR es, na, or unknown) (If yes give O •	MED FORCES? war or dates of service)	16b SOCIAL SECURITY			L Dick	Address	arpsbur	g. Md.
		18. CAUSE OF DEATH (Enter of	γ ane cause per l	ne far (a), (b), and (c))				APPROX- BETWEEN	MATE INTERVAL ONSET AND DEATH
5		PART I. DEATH WAS CAUSE IMMEDI	D BY Ate cause (a)	Metastatic	Carcino	oma of Bra	in		8 mc	onths
o, o		16 de 1	DUE TO, OR	AS A CONSEQUENCE OF						
2		Conditions, if any, which gave rise to immediate cause (a).	(b)	Carcinoma	of Right	t Lung			10 mc	onths
		stating the underlying cause		AS A CONSEQUENCE OF						
		las†.	(c)	<u></u>	_ _ -					
		PART 2. OTHER SIGNIFICANT CO	NDITIONS <u>CONTRIB</u> L	JTING TO DEATH BUT N	OT RELATED TO TH	HE TERMINAL DISEASE	OR CONDITIO	ON GIVEN IN PART I(o)		
	NOI	19g. DATE OF OPERATION 19b	CONDITION FOR WI	LICH OPERATION WAS PE	DECEMEN	20a. AUTOPSY?		206 IF YES, WERE FINDINGS (CONSIDERED IN C	EDITIEVING
	CERTIFICATION	T/d. DATE OF OTERATION	COMPRION TOK WI	TICH OF EXAMON TRASTE	KIOKMLD		X	CAUSES OF DEATH?	ONSIDERED IN C	LKIII VIIVO
~<	CERT	21a. ACCIDENT WAS UNDERLYI	IG 21b. TIME O	F INJURY	21c HOW		_	of injury in Part 1 or Part 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.		ŀ					
		21d. INJURY OCCURRED 21e While Nat while 1	PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f LOCAT			City or Town	County	State
	Ш	22a. I certify that (1) (the saw the deceased causes stated above	is haspital) att	ended the deceas	ed from_F	eb. 4 , 1	969	to_April_27, 19	69_, that	(We) last
		saw the deceased o	live an A	Drill 27	902, and the	hat in XIIII (aur)	apinian d	leath occurred on the do	ate and haur	and from the
		22b. SIGNATURE //	e, taj (we) (ala)	trumpart view life	budy differ dec	ш		22c.	DATE SIGNED	
		Chong	Choon	- Han	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF A	oril 27	1969
7		22d. PHYSICIAN'S NAME (Type) Chor	g Choon	Han		22e. ADDRESS		and State Hos		
	230		DATE		CEMETERY OR CR			LOCATION (City or Town)	(County)	(State)
	230	DEMONICAL SC U.S.	30- 69						, 14	Md.
2	_	FUNERAL DIRECTOR	,, ,,	ADDRESS	- LACH	2Sa. REC	D BY REGIS	REDSburg Was	SIGNATURE	131.5 a
49	Jo	hn H. Bast, Jr	. 112 N.	Main St.	Boonsbo	ro, MabMA	1	1969 Miles	S- 11 -	





	MARTIAND STATE DEPARTMENT OF HEALTH	
	06048 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy 1 9/609 26 F	OUR
is ta	(type of Print) HADDY EDANUTIN ETCCNED OF ESTA	A
Pag 31	CEARL MARKE A OF 1	HOHE
ny delay is 2, and 3 ta PM3. Page	Male White June 16,1891 ast by mouths DAYS HOURS MIN Month Doy Year 8	10UR
- 長代 - / 部間 /	70 BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	m
Depart Park	(Australia)	
ages and a second	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita) 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS C	Me 20
after death 8. Give Pages 1, alang with farm with the State De death.	Hagerstown gwwitt Towers Apt. 504 duning most of working ite even if retried) NDUSTRY	/15,
Give mg mh th	130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER	-
	odmissop) STATE and 13b County hington Hagerstown YES NO Walnut Towers Apt. 504	
haurs Item 1 Office I and 2	14. FATHER'S NAME First Middle Last IS MOTHER'S MAJDEN NAME First Middle Last	
ris a	George W. Eissner Sadie M. Liddick	
hin 24 hin 14 niner's pages haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Hagerstown,	
d be executed within 24 d "pending" mappendid in Chief Medical Expriner's transit permit. File pages y event within 72 hours	(Wood, or unknown) (hyergy-Negative) 220-10-3032 Earl W.Eissner 425 Robinwood Drive	
(P & G) = E	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DE	
be executed "pending manief Medical E	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head, self-inflicted sudden	
Me Me	-1 -1 V DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe nief nisit	Conditions, if any, which gave (b)	
ould vard he Ch ial-tra	rise to immediate cause (a). Stating the underlying cause Due TO, OR AS A CONSEQUENCE OF	
# 3 T B =	lost.	
g the g the ed to ed to and and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ifica ting rrde(as	Z IA. DAY OF CONDITION TO HANGE OFFICIAL OFFICIA	
certii arwai used	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?	
This certific licate, writin be farward as d be used as ar remayal,	TYO. CONDITION FOR WHICH OPERATION 195. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210. TIME OF IN. URY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	K
	210 EXTERNAL CAUSE WAS 216. TIME OF IN. URY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)	
INER: e certif should files: 3 shoult	PRIMARY OR CONTRIBUTING 7:45pm 4/14/9 69 Shot thru mouth Shot thru mouth 1	
sho sho file of 3 should be should b	\$ 21d NJURY OCCURRED 21e PLACE OF though form, street, 21f LOCATION Street or R.F.D. No. (1) or Town County St.	ate
EXAMINER: ute the certifage 4 should your files. Page 3 should to crematian, trematian,	while Not while the factory, affice building, etc.) AT WORK AT WORK AT WORK Residence Walnut Towers, Hagesstown, Wash., M	44
cecuti Page far y NR: Po	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my api	
ICAL Posterior Part Part Part Part For CTOR: burnal,	death resulted from _Natural causes, Accident, Suicide, Homicide, Undetermined manner	HIUH
please I directo retained L DIREC		
dir dir	ACTUAL CHIEF MEDICAL EXAMINER COL PAYS SCANED	
JTY, ple eral di be reto prior	SIGNATURE SIGNATURE M.D ASSISTANT MED CAL EXAM NER 22b. DATE SIGNED 4/15/69	
o DEPUTY CICAL EXAM necessary, please execute the funeral director. Page 45 may be retained for your D FUNERAL DIRECTOR: Page Health prior to burial, cren	FIAMINIKS	
o DI the the		-
TO DEPUT necessary the fune 5 may b TO FUNER Health	230. BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Rose Hill Cemetery Hagurstown, Md	
	24 FUNERAL DIRECTOR Hagerstown, Md. ADDRESS 250 RECD BY REGISTRAR 25b. REGISTRARS S GNATURE	
VR A15ME (5) 10M REV 1/68	Andrew K.Coffman Funeral Home Inc. DAAPR 2 1 1969 June Young	ale
141		



	1			ID STATE DEPARTMENT OF H		
8	1	06049		301 W. PRESTON STREET, BALTIN	MORE, MARYLAND 21201	0001
	<u> </u>			CERTIFICATE OF DEATH		06045
f (4.5)		ECEASED-NAME First Type or print)	Middle	Last	20. DATE OF DEATH	Sp. Houb
-8 (a € €)		Hnna	Alice	Emmert	April 12	1969 PM
# # # # # # # # # # # # # # # # # # #	3. 5		4. RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER YEAR IE UNDER 24 HRS. MONTHS DAYS HOURS MIN
rs a	L	Temale	White	August 6, 189	O last birthday) 78 YRS	MORITO DRIS MORS MIN
e executed within 24 hours after death and completely filled in by the funcial remove carbon papers. Pages 1 ages in ony event, within 72 hours after death		BIRTHP_ACE (State or foreign intry)	75 CITIZEN OF WHAT COUNTRY?	MANUAL MAKKED	COUNTY OF DEATH	
24 lb	Via	rtinabura. W. Ha	LISA	WIDOWED 🔀 DIVORCED 🗌	Washington	Md.
fille fille	10	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN		OCCUPATION (Kind of work done	125 KIND OF BUSINESS OR
ely born writ		Hagerstown	grue street andres don	Place during mg	st of warking life, even if retired)	Own Home
equires that the death certificate be executed we physician. Signed by the attending physician and complete burial-transit permit. Then please remove carburial, cremation, or removal, and in any event.	13a	USUAL RES DENCE (Where deceases	ved, if institution Residence before	13c CITY OR TOWN 13d. INSIDE CITY LIM	157 13e STREET AND NUMBER	
E 8 3 7 /	Guill	(Taryland	13b. Washington	Hagerstown YES NO	🗆 770 Weldon Pa	lace
8 g g s	14.	ATHER S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME FIR	st Middie	Last
0 5 5		David	nun Stephen	Ali	ce Generva	Huntzberry
on cease	160	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SOCIAL SECURITY	NO 17 INFORMANT	Address	
hys val,		es, no, or unknown) (It yes give war	214-09-49	03D Mr. David S. Emme	rt 834 Monroe Ave	. Hagerstown M.
The law requires that the death certificate be attending physician. has been signed by the attending physician ise as the burial-fransit permit. Then please th prior to burial, cremation, or removal, and it		18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c))		APPROXIMATE NIZRVA. BETWEEN ONSET AND DEATH
ndir iit.		PART I. DEATH WAS CAUSED	DV.	ry occlusion		sudden
on, o		4/07	DUE TO, OR AS A CONSEQUENCE OF		***	
the he office of the		Canditions, if any, which gave		clerotic Heart D:	isease	years
that n. sy t ans		ase to immediate couse (a), (stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF			7,0020
es t sicio ed t ed t ol, o		last	(c)			
orion orion		PART 2 OTHER SIGNIFICANT COND		OT RELATED TO THE TERMINAL DISEASE OR CO	NO TION GIVEN IN PART 1(0)	
ng I en s en s to b	z				V-7	
law ber s th	CERTIFICATION	190 DATE OF OPERATION 196 CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	20b F YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The atternation of the properties of the propert	TIFIC			YES NO X	CAUSES OF DEATH?	
or use		21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		nature of injury in Part 1 ar Part 2, 1t	em (8)
E	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Manth Day Year P.M.		1 7	,
YSI losp cert thed	MEC	ALL BUILDRY OCCUPAGE ALL ALL	LACE OF INITIPY LATHOME, FARM STREET FA		City or Town	County State
PH his his etac	'	While Not while at work	OFFICE BUILDING, ETC	/	,	,
OR ATTENDING PHYSICIAN: De retained by the hospitol or NRECTOR: After this certificate e 3 should be detached for u ed with the State Dept. of Heal	ш		hasaital) attended the deceas	ed fram 12/30/63 19	to 4/12 19	69, that (I) (ve) (ast
NDI Sid b Id b Id b	П	saw the deceased ali	høspital) attended the deceas	9 <u>69</u> , and that in (my) (our) apin	ian death accurred an the dat	e and haur and from the
OR aine			(1) (we) (did) (did not) view the	body after death.		
Mary With With Mary Mary Mary Mary Mary Mary Mary Mary		22b. SIGNATURE	Malant	ATTENDING ME		ATE SIGNED
P P P P P P P P P P P P P P P P P P P		75	and allow	DEGREE PHYS LX DIR	ECTOR L PHYS L 4/	14/69
TAI May page file		22d. PHYSICIAN'S NAME (Type) Howa	rd N. Weeks. M	. D. 22e ADDRESS Nort	hern Ave., Hag	erstown. Md
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-trans, should be filed with the State Dept. of Health prior to burial, crea		7 11 ON a				
Be oge	230	BUR AL, CREMATION 23b DA REMOVAL (Specify)		CEMETERY OR CREMATORY	23d 10(ATION (City or Town)	(County) (State)
5-5-0	0.0	Surval HI	16/69 Rest	Haven Cemetery	Hagerstown-Wash	
VR AIS TAKE		FUNERAL DIRECTOR Whee	C. HOROT ADDRESS	ADD 4	6 1969 Filler	IGNATURE .
45M - 1/69	LK	est Haven Funer	al Chapel Hager	stown, Md. DAPK I	0 1000	0 0





1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		06051 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	6047
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED NAME Type or Print) 2a DATE KNOWN Month (OF ESTI-	Day Year 26 HOUR
detay is and 3 to M3. Page		KOBSERT EUDPINE FITCH DEATH MATED 4//	8 169 9 0M
defay nd 3 33. Pog	3 5	EX 4. RACE S DATE OF BIRTH 6 AGE (in years of Junder 1 YEAR of Junder 24 HRS of DATE PRONOUNCED DEAD of birthday) MONTHS DAYS HOURS MAIN Month Day	Year 10 10 15 0
No. 2	70	BIRTHPLACE (State ar foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 COUNTY OF DEATH	1964 3 M
	(O)L		- 4/
1 Se 2 Se 3	10 (2b. KIND OF BUSINESS OR
hours ofter death Item 18. Give Pages 1, Office olong with farm 1 and 2 with the Statester			NOUSTRY E-STAUCANT
s ofter 18. Gw 19. otong 2 with 1		USLAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MSIDE CITY LIMITS? 13e. STREET AND NUMBER	1
75.0 18.0 2 w	0	IN STATE NO. 130 COUNTY BRLTO, YES NO [UNENOWN	
24 hours of in Item 18. r's Office out rs offer dea	14. 1	FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Last
24 in 1 f's (f's 0 rs o	_	VERNON FITCH MILDRED O'NEIL	
This certificate should be executed within 24 cote, writing the word "pending" in pencil in be forwarded to the Chief Medica Examiner's be used as a buriol-transit permits face peges in removal, and in any event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (16 yes give war or deries of service) 166 SOCIAL SECURITY NO 17 INFORMANT 18 SOCIAL SECURITY NO 18 JUNE 19 Social Fitch 18 SOCIAL SECURITY NO 18 JUNE 19 Social Fitch 18 SOCIAL SECURITY NO 18 JUNE 19 Social Fitch 18 SOCIAL SECURITY NO 18 JUNE 19 Social Fitch 18 SOCIAL SECURITY NO 18 JUNE 19 Social Fitch 18 SOCIAL SECURITY NO 18 JUNE 19 Social Fitch 18 JUNE 19 JU	appokla St.
To	Г	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))	APPROXIMATE MTERVAL BETWEEN ONSET AND DEATH
be executed "pending" In inet Medico E onsit permit.		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) 5 TRMC-UL ATION	SCDDON
exe end if p		DUE TO, OR AS A CONSEQUENCE OF	
Tons		Conditions, if only, which gave a rise to immediate couse (a), (b)	
should be e ne word "per a the Chief I buriol-tronsit		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
s she w ta th ta th buri		(t)	
certificate should writing the word rwarded to the Checked as a buriol-tropoval, and in ony	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
nis certific ite, writin forward se used as removal,	CERTIFICATION	19g DATE OF OPERATION 19b COND T ON FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his ote, ote for the form	RTIF		YES NO
	MEDICAL C	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	n 18.)
EXAMINER: cute the cert oge 4 shoul r your files. :Poge 3 shoul i, cremation	W.	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white	County State
your crr		WHILE AT WORK AT WORK TOCTORY, OTHER BUILDING, etc.)	
		22a certify that I took charge of the remains described above, held on Autopsy Inspect on Inquiry,	and in my apintan
dise executed for rector. Positive for instance for instance for instance for instance for the burnal,		death resulted fram. Natural causes 🗌 , Accident 🔲 , Suicide 💢 Hamicide 🔲 , Undetermined manner 🕻	
please e plasse e director retained L DIRECT ior to bu		ACTUAL CHIEF MED CAL EXAMINER CHIEF MED CAL EXAMINER	
nry, ple errol di be rett RAL DI prior		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER () 220. DATE SI	GNED
necessory, please ex the funeral director. 5 may be retained for FUNERAL DIRECTO Health prior to bur		EXAMINER'S HOWARD N. Weeks, M.D. NAME (Type) 580 LIGHTHERN AV DEPLTY MEDICAL EXAMINER X ADDRESS (Street city town, or county) Washing	gton County
10 T	23 0	BURIAL CREMATION, 236 DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION (City or Town)	Caunty) (State)
		TOURIAL TOUS MI. CHRINEL CEM CONCLOSE !!	"Dudge
VR A15ME S	24	PUNERA DIRECTOR 250, REED BY REDISTRIB 69 256 ARCHINARYS CA	SHAPIRE C
10M REV 1/68	- kg	bul Mille June Addre - 2331 Jofferm 10 pate.	



1			DIVISION		RYLAND STATE DI CORDS, 301 W. PRES			AND 2120	1			
TATE	1	06052	DIVISION		AL EXAMINER'S			MND 2120	0	604	83	
DEPT.		ECFASED NAME	First	meore	Middle	Lost		20 DATE KN	OWN Month	Day	Year	25 HOUR
	(1	ype ar Print)	FLOY	YD	EUGENE	FITZ		OF E	ATED APR.	26	19 69	2p./
	3 5	X 4	RACE	5 DATE OF BIRT	H 6 AGE (in y	BOTS OF JNDER T YEAR NO MONTHS OAYS	IF UNDER 24 HRS. Hours ann.		NOUNCED DEAD			2d HOUR
1		la1e	White	Aug.3,19		180				6 1801	1969	2 P M
	roun	ITY)W. Va.		U.S.A.			RCED Was	NTY OF DEAT Shingt	on			M
4/)	10. C	ITY OR TOWN OF D			ME OF HOSPITAL OR INSTITU		12a USUAL OCC	JPATION (Kir	nd of work done	126 KIND	OF BUSIN	NESS OR
//	10	Hagersto		Was	hing ton Cou	nty Hospita			even if refined)	Ele	ctri	c Co.
,-	04	Imission) STATE W	.Va.	13P COUNTAB		rtinsburg	YES NO 🗷	Route	2 (Ligh	ts Ad	diti	on)
3	14. F	ATHER S NAME	First	Middle	Last	15. MOTHER'S MAIE			Middle		Lost	
	140	WAS DECEASED EVER	George	Buxtor	Fitz 16b SOCIAL SECURITY NO.	17 INFORMANT	Mary		Lee	H	loove	r
		es, na, or unknown)		rer or dates of service)	233-48-698 1	Mrs. Mary	y Lee Fit	z-Rt.2				
		18 CAUSE OF DI	WILL ALLEY FRIER	m t r	e for (o), (b), and (c))						PPROX MATE I VEEN ONSET A	
1		131 11	TAIGEMMI	TE CAUSE (a)	CUTE SUBDU	JRAL HEMA	TOMA			18	HOU	RS
		Conditions, if only	which gove 3		AS A CONSEQUENCE OF		DATIL MO					
		rise to immedial stating the unde	e couse (a),		OMPOUND FF	KALI, UF	ROTH MK			+		
		lost.	Trying touse	(c)								
		PART 2 OTHER SIG	NIFICANT CONDIT		IG TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	SEASE OR CONDITION	I GIVEN IN PA	RT 1(a)			
	NO.	19a. DATE OF OPER	PATION		196 CONDITION FOR WHICH	OOFDATION				l on	A: PORCH	2
2	CERTIF CATION	170. DATE OF OFER	GATON		WAS PERFORMED?	OPERATION					AUTOPSY?	NOX
	CERT	21a EXTERNAL CAL	SE WAS	21b TIME OF J	NJURY Month, Doy, Year	21c HOW INJURY OC	CURRED (Enter noture	e of tulety to	Part 1 or Part 2, 1		10.	NO A
	MEDICAL	PRIMARY TOR CO	ONTRIBUTING		M 4-25 1969		LISION V			Ĺ		
	ME	21d INJURY OCCUR		LACE OF INJURY (A	home form street	21f LOCATION Street o		CityorT		County		State
ı			/DRK X	<u>. S. I</u>	(4 MI. N.	MARTIN:		BERKEI	LEY COU	NTY,	W.	VA.
		22o. I ce	rtify that I to	-	e remains described of		psy, Inst	pection 🔀	, Inquiry], on	d in my	y opinioi
		deoth resul	Ited from:	Noturol couse	es 🔲, - Accident 🖸	, Suicide ,	Homicide	Undeterr	mined manner			
		ACTUAL	1	37 D	**	gp*	F MEDICAL EXAMINE		00) 6475	CICHER		
1		SIGNATURE	Media	WA	2110 /	INLU.	STANT MEDICAL EXAM LTY MEDICAL EXAMIN		22b DATE	7-69		
		EXAMINER'S NAME (Type)	DR. E	. W. DI	TTO. JR.		RESS(Street, city, tow					land
	23a	BUR AL CREMATIO	N 23b			TERY OR CREMATORY		LOCATION (Cit		(County)	The second	ate)
		REMOVAL (Specify) Burial		0-1969		11 Cemetery		Martins	sburg Be	rkel	ev	W. Va
		FUNERAL DIRECTOR	Now	ard. N	Brawn		250 REC'D BY REGI	ISTRAR	256 REGISTRAR S	SIGNATUR	Ł	
		Brown Fu	neral H	lome, Inc.	Martinsburg	Wavaa	APR 29	1969	y charely	in year	del.	+

1. . 14. 12, 44 1 11, 31

171 14 7

	06053	Į	IVISION OF VI			TON STREET, BALTI		YLAND 212	201		
	((()))					TE OF DEATH				0604	49
	Turno or mount)	rst		Middle		Lost	20 DATE OF	Marit			2b HOUR
L		Ne.	llie	Mae	Folli		4	Month	7 Doy	69 Yeor	1:289
3 9			4 RACE			DATE OF BIRTH		6. AGE (In year last high hay)	rs	IF UNDER 1 YEAR MONTHS DAY	
7-	female	1 -	white	-01115040		.0-16-1884		0 1	YRS		1,500.00
(0)	BIRTHPLACE (State or foreign inity) Va.	/	CITIZEN OF WHAT	COUNTRY?		THE TER MARKIED	9 COUNTY OF		4		
in	CITY OR TOWN OF DEATH			E OF HOSPITAL OR INS	WIDOWED X	DIVORCED 120 USUA	W :	shing			M
	Hagerstown		Mar stre	et oddress Manc	r Nurs	ing Home	ost of working	it sewi	rd)	INDUSTRY	OF BUSINESS OR
odn	USUAL RESIDENCE (Where decoussion) STATE Md.	eosed	lived, if institution:	Residence before	Hagers			EET AND NUME		ond (S+
14.	FATHER'S NAME First		Middle	Lost		OTHERS MALDEN NAME FI		Mid		ald ,	Last
	William F	. 7	ribby			Emma J					-0.21
160	WAS DECEASED EVER IN U.S. A	ARMED	FORCES? 16	b. SOCIAL SECURITY N	O 17 INFO	RMANT		Add	ress		
L	Yes, no, or unknown) (4 yes gr		2	14-46-6	159 Jam	es Follin	Hag	ersto	wn,		
	18 CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	only	one couse per line f	or (a), (b), and (c).)			_			APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
	//// O O IMME	DIATE	CAUSE (a)	SLON	cho	preun	com	CL		4	day
	Conditions, if ony, which gos	(0.3	DUE TO, OR AS A	CONSEQUENCE OF	· A.			0.4			/
	rise to immediate couse (o	1.1	(b) OD AS A	A CONSEQUENCE OF	SCA	MOSTO A	Sen	ull	4		
П	stating the underlying cous	e	(t)	CONSEQUENCE OF				C	7		
П	PART 2. OTHER SIGNIFICANT I	ONDI		G TO DEATH BUT NO	T RELATED TO THE	E TERMINAL DISEASE OR CO	ONDITION GIVEN	IN PART I(o)			
_			-					11 171111 1107			
CATLO	190. DATE OF OPERATION	ж. (О	NDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPSY?		YES, WERE FIND	INGS CO	ONSIDERED IN	CERTIFYING
CERTIFICAT.ON						YES NO		OF DEATH?			
	21a. ACCIDENT WAS UNDERL	YING	216 TIME OF IN	JURY Month Day Year	21c HOW I	NJURY OCCURRED (Enter	noture of injur	n Port 1 or P	ort 2, 1	tem: 18.)	
MEDICAL	(If either, notify medical exa	miner)	P.M.	19							
2	21d INJURY OCCURRED 2 While Nat while	le PL	ACE OF INJURY (AT	HOME, FARM, STREET, FACT FICE BUILDING, ETC	ORY) 21f LOCATI	ON Street or R.F.D. No.	City	or Town		County	Stote
	OL WOLK OF WOLK	46		1 1 1 1		1/15	7	1-1-1	1		402 :
	22a. I certify that (I) (TRIS al.v	nospitol) ottend e an	led the decease	a from/	at in (my) (aur) apır	, ta	TIME OF	, 19_	, the	(we) los
	saw the deceased couses stated oba	ve, () (we) (did) (di	d nat) view the b	ody ofter deat	th.	nun ucuili (conea on n	ne aai	re alla 1100	r ona trami in
	22b SIGNATURE	8	9111	caro ho	DEGREE	ATTENDING ME	ED RECTOR	STAFF	22c D	ATE SIGNED	10
	22d. PHYSICIAN'S	الماليون ا	4		DEGREE	22e, ADDRESS 4	KECTOR L	PHYS L	-	1101	07
	NAME (Type) KO	D F	-R1 (AMP	bel)	N	igen	slau	er	M	Q.
230	market in the	DAT			EMETERY OR CREA			(City of Town		(County)	(Stote)
24	FUNERAL DIRECTOR	+-5	1-69	Rest	Haven	Cemetery	Hage	rstow		MD	
24	Minnich Fur	102	al Home	ADDRESS	Etaun	APR BY	REGISTRA 96	9 25b. 1296	KARS	WAITER	der.
	AINTA CHE E UI	161	OT TIOHIC	mager	Promit,	Md DATE					

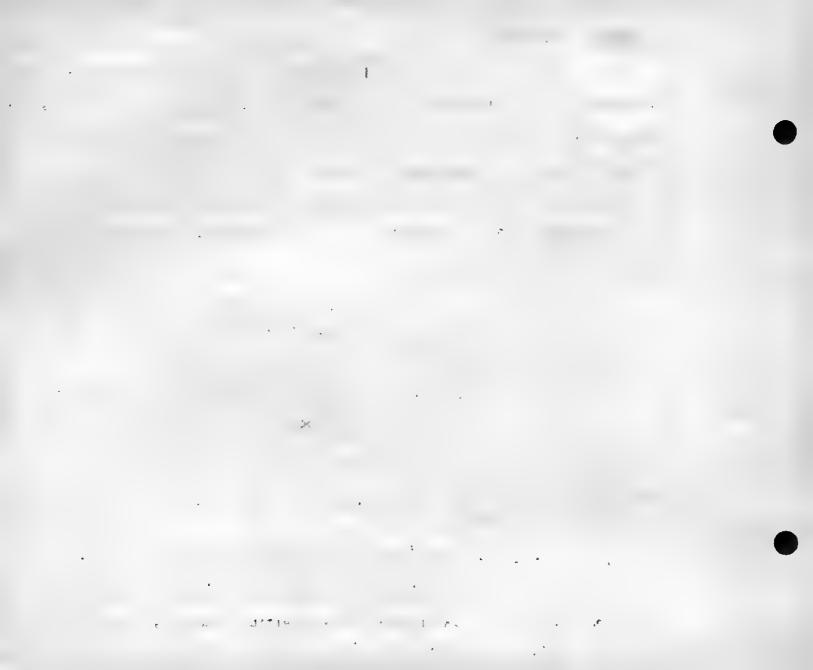
DATE IN A LOCK BACK BUT

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 060.50 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME Middle First 20 DATE KNOWN Month (Type or Print) Clyde Alton Frain Page DEATH MATED any delay 2, and 3 t 5 DATE OF BIRTH F JNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 6 AGE (In years 2c DATE PRONOUNCED DEAD 2d HOUR 10-9-1926 male white 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH farm country) Pa. Washington USA DIVORCED [WIDOWED [Give Pages The Sto 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR Office alone with 9. Wates Hit ing ton Co. Hospital ing mail of working the even if retired) Hagerstown 130 USUAL RESIDENCE (Where deceased lived, if Institution Residence before 13c City OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER land 2 with odmission) STATE Pa. 156 COUNT Huntingdon Hustontown IS No x Star Rute in Item 18. 14. FATHER S NAME Lost IS MOTHER'S MAIDEN NAME Middle Edward Frain Mary Harshberger shauld be forwarded to the Chief Medical Examiner's 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT pencil This certificate shauld be executed within (Yas no or unknown) Mrs. Althea Frain, Hustontown, Pa. APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) permit. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a). please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE O stating the underlying cause .= PARY 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 4-24-69 YES 4-NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING crematian, EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, factory, office building, etc) Letter Kenny 07 de 02/107 burial, 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection 3 Inquiry 1 and in my apinian death resulted from Natural causes Accident A Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** W. WASHINGTON EDWARD W. DITTO, III, M.D. NAME (Type) ADDRESS(Street, city town, or county) HAGERSTOWN MARYLAND the 230 BUR AL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) burial 4-28-69 Methodist Cemeyery Huntingdon Co. Pa 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATULE 1969 VR A35ME (5) Minnich Funeral Home Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



,	Iteml3-taken from birth MARYLAND STATE DEPARTMENT OF HEALTH certif DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	06055 CERTIFICATE OF DEATH
oth. al ath.	1. DECEASED NAME First Middle # Last 20 DATE OF DEATH 2b. HOUR (Type or print) # Month Dgy Year,
deoth.	FUSS Poril 28 1969 2:40ph
fer and the	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 1924 R. IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS MIN
5 E	remale White April 27, 1969 VRS. 16 47
hou hou in b	70. BIRTHPLACE (State or foreign tounity) 70. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Washington County and
lled bope oope	III. HANG OFFICER TO THE TEACH TO STATE THE STATE OF TO STATE OF TO STATE OF THE ST
equires that the death certificate be executed within 24 hours of physician. Signed by the ottending physician and completely filled in by the burial-transit permit. Then please remove carbon papers. Peg burial, cremation, or removal, and in any event, within 72 hours	Hagerstown give street oddress) County during most of working life, even if retired.) INDUSTRY
ed y	130, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER
comple nove can	Maryland Washington Hagerstown W Lu W. Lincoln Avenue
rem usu	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
an can	James F. Fuss Charlene Grayce
requires that the death certificate be a physician. signed by the ottending physician at buriol-transit permit. Then please to burial, cremation, or removal, and in	Yes, no, or unknown) (If yes give wer or dates of service)
certi nov	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
ation it.	PART I. DEATH WAS CAUSED BY. Disturnance Institute Course to
offer on, c	Conditions, if they, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if they, which gave) (b) Pulmarnary atelectoris Total
the the sit p	Conditions, if thy, which gave (b) Julianary atelectures (b)
tho on. by ron cren	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ysici	last. (t)
ph ph sig bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)
aw iding beer the	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
ICIAN: The law ree pitol or ottending principle has been stifficate has been sof for use as the before the bef	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
Nr. T or or or or or use bate bate bate bate bate bate bate bat	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
CIA difficulties of H	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 21d INJURY OF CIERRED TO BE PLACE OF INJURY AN HOME, FARM, STREET, FACTORY, 21f LOCATION Street of R.E.D. No. City of Town. County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, and	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State at work of work
AG The graph of de lite [at work of work
ATTENDING stoined by the stoined by the should be defitted by the should be defitted by the state of the stat	220 I certify that (I) (this hospital) attended the deceased fram April 27, 19 69, to April 29, 19 69, that (I) (we) lost sow the deceased olive on April 28, and that in (my) (our) apinion death occurred on the date and haur and from the
R ATTENC retoined RECTOR: A 3 should with the	causes stoted obave, (1) (we) (did) (did nat) view the bady after deoth.
OR A Direct A Signature of the A	226. SIGNATURE PHUNOLOGIC Trulish FUND DEGREE PHYS MED. STAFF 22c. DATE SIGNED 4/24/64
AL O	22d PHYSICIAN'S 22e, ADDRESS
O HOSPITAL Poge 4 moy O FUNERAL director, pog should be fil	
O HOO Poge O Fun direct	230. BURIAL, (REMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) CREMATION 4-30-69 WASHINGTON COUNTY HOSPITAL HAGERSTOWN, MARYLAND
	CREMATION 4-30-69 WASHINGTON COUNTY HOSPITAL HAGERSTOWN, MARYLAND 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV. 1/68	John Blaffer adm Wast to Mary - MAY 2 1969 2" world Verges.



_1		301 W. PRESTON STREET, BAL		
06056		CERTIFICATE OF DEATH	TIMORE, MARIEMIO 21201	06052
1 DECEASED NAME (Type or print) WIL	LIAM PRESTON	GEARHART SR.	APRIL Month 3 00	1969 1P. M
3 SEX MAIE	4 RACE WHITE	S DATE OF BIRTH 12/23/19	i na,	(F JNDER 1 YEAR HE LINDER 24 HRS MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (State or foreign country MARYLAND	U.S.A.	8 MARRIED X NEVER MARRIED UNDOWED DIVORCED	9 COUNTY OF DEATH WASHINGTON	Md,
70 BIRTHPLACE (State or fare gn country MAR YLAND) 10 CITY OR TOWN OF DEATH HAGERS TOWN 30 SJAL RESIDENCE (Where deceaded odmission) 4 FATHER S NAME First	1) NAME OF HOSPITAL OR IN: 9.VEWASHIENGT	ON CO. HOSPITANE	ARCO PATRICIO DE COMO DE MORE DE LA COMO DE	12b KINGGENNER TO INDUSTRICE MFG. CO
30. USJAL RESIDENCE (Where deceo	ised lived, if institution: Residence before 13b. COUNTY WASHINGTON	HAGERSTOWN YES A		
4 FATHER'S NAME FIRST	Middle Lost	15 MOTHER 5 MAIDEN NAME	First Middle	Lost
CHARLES I	O GEARHART MED FORCES? 16b. SOCIAL SECURITY	NO 17 INFORMANT	ADA	HYDE .
Yes, no, or unknown) (If yes give	voi or dates of servica) 220-16-3	720 MRS MARY I	Addrsiy	#5 MD. GERSTOWN
18 CAUSE OF DEATH (Enter of PART DEATH WAS CAUSE	Ity one couse per line for (a), (b), and (c)			BETWEEN ONSET AND DEATH
LL/A 3 (MMEDI	ATE CAUSE (o) CY V V a Y	1 Occlusson		121 Stant
4 FATHER'S NAME First CHARLES I 160. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) 18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDI Conditions, if ony; which gove rise to immed ofe couse (o), stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 19b 210 ACCIDENT WAS UNDERLY!! DOR CONTR CLT NG CAUSE OF OEA (Ill either, nothly medical exome 21d INJURY OFCURRED) 21e While Not while of work 22d. I certify that (I) (4)	DUE TO, OR AS A CONSEQUENCE OF	Irrote Cardiovas	sculu Dispose	5 rus
rise to immed ofe couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		77 77 77	
	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY? YES \ NO \	20b. 1F YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
216 ACCIDENT WAS UNDERLY! To control the control of the control o	HOUR A.M. Month Doy Year		er nature of injury in Port 1 or Port 2,	Item 18)
While Not while of work	PLACE OF INJURY (AT HOME FARM, STREET FAC OFF CE BL LOING ETC			County State
22a. I certify that (1) (4) saw the deceased causes stated above	is hospital) attended the decease live an	ed from 2 - 11 , 19, 9 - 7 , and that in (my) (our) appeals after death	$\frac{2}{4}$, ta $\frac{2}{4}$ - $\frac{2}{3}$, 19 inian death accurred an the do	69 , that (I) (we) last are and haur and from the
Saw the deceased causes stated above 22b SIGNATURE 22d PMYS CIAN S NAME (Type) HARA	Hess m	ATTENDING TO	MED STAFF 22c	DATE SIGNED -/5 69
22d PHYS CIAN S NAME (Type) CHT A 230 B_RIAL, (REMATION, 23b BENOVAL (Specify)	ESF. HESS /	M.D. 22e. ADDRESS Smit	hsbury md.	
230 BURIAL, (REMATION, 23b. BURIAL (Specify)		CEMETERY OR CREMATORY	23d LOCATION (Cty or Town)	(County) (State)
BURTAL L	/16/69 ROSE	HTIJ CEM.	HAGERSTOWN BY REGISTRAR 256 REGISTRAR S	WASH MD
W. J. Rozar	en Massilo	WX MI DATE R	1 8 1969 25b REGISTRAR S	la Judge



		MARTIAND STATE DEPARTMENT OF HEALTH OCOS DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		06057 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06053
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN AND Month P	yeor 2b HOUR
	((Type or Print) Marion Arthur Getridge OF ESTI April	12 698:45
deloy is ind 3 to i3. Poge ipent of	3 5	SEX 4. RACE S DATE OF BIRTH 6. AGE (to years F LINDER 1 YEAR IF JINDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
		Male White Jan. 21, 1899 (Strappeday) MONTHS DAYS HOURS MIN. Month April 12	Yeor 19 699:00
		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	I W
fee fee		unity) Naryland USA WIDOWED DIVORCED Washington	Md.
Pag Vith		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol agerstown 120 USUAL OCCUPATION (Kind of work done during most of working [feeven if retred)] Agerstown	26 KIND OF BUSINESS OR
er d Sive ng v ng th		agerstown Washington during most of working life even if retired. Let use the const. Usual RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	onstruction
s ofter 18. Give a long 2 with	0	odmission) STATE 13b COUNTY	C.L
ours m] fice nd2		FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Lost
4 hr		James Franklin Getridge Margaret	Whitlock
AL EXAMINER: This certificate should be executed within 24 hours after death any execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, or Page 4 should be farworded to the Chief Medical Examiner's Office along with faging Ph 1 for your files. FOR: Page 3 shauld be used as a buriol-transit permit file pages 1 and 2 with the State Exponutiol, cremation, or removal, and in any eventioning thous ofter death.	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
with pend comi	Į.	(16 yes give war or dates of service) 214-14-6933 Mrs. Clra Getridge ? Sharpsburg, M	d.
Pie E		18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
executed anding" in Medical E. permit F. permi		PART DEATH WAS CAUSED BY Diabetic Acidosis and severe generalized	Hours
ent p		DUE TO, OR AS A CONSEQUENCE OF (Atherosclerosis.)	(years)
d be d "p Chre frons		rise to immediate cause (a). (b)	
should be en word "per or the Chref I buriol-tronsit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ns certificate should be exite, writing the word "pend" farworded to the Chief Me be used as a buriol-tronsit premovol, and in any event		PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ficate ing th rded as o as o L, and		Fractured right him	
INER: This certificate, writs should be farwor files. 3 should be used option, or removo	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
farren rem	FE	WAS PERFORMED?	YES NO 🛣
iffice of be	(8)	21o. EXTERNAL CAUSE WAS 21b. TIME OF IN, URY Month, Doy, Yeor PRIMARY OR CONTRIBUTING X 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	
Cert Cert Tour les. Shau tion	MEDICAL	PRIMARY OR CONTRIBUTING 12:00 PM 3/13 1969 Patient fell getting on bed	side comode
(AMINER: ie the certifie to a should four files. oge 3 shauld cremotion,	Z	forting office hulding stell	
necessary, please execute the cert the funeral director. Page 4 should 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should health prior to buriol, cremotion.			
Exercise Por Port Port Port Port Port Port Port		22a. I certify that I took charge af the remains described obave, held an Autopsy, Inspection, Inquiry,	
Porce ose inner REC		death resulted from: Natural causes X, Accident , Suicide , Hamicide Undetermined manner	
pry, ple erol di be reto RAL DI		ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE 22c. DATE SIGNATURE	GNED
ory,		SIGNATURE	
necessary, please e the funeral director 5 may be retained fo FUNERAL DIRECT Health prior to bu		NAME (Type) Howard N. Weeks, M. D. ADDRESS(Street, city, town, or county)	
10 F F P P P P P P P P P P P P P P P P P	23a	OF MOVAL (S , C)	ounty) (State)
	24	Burial April 15, 1969 MT. View Cemetery Sharpsburg, Washin	
VR A15ME (5)	1	Albert L. leaf Williamsport, Kkryland DATAPR 17 1969	ANATURE
10M REV 1/68		Albert L. leaf Williamsport, Enryland DATAFR 1 (1969)	



18					DEPARIME				
	06058	DIVISION OF V					RE, MARYLAND 21201	0.6	054
				ERTIFIC	ATE OF D				
	DECEASED NAME Firs (Type or print)		Middle		Lost	20	D. DATE OF DEATH Month Death	oy Yeor,	25 HOUR TV
L	Keni	neth	Lee		Hart		April 1	1969	
3. 5		4. RACE			S. DATE OF BIRTH		6. AGE (In years lost birthdov)	MONTHS DAYS	HOURS MIN
ļ	Male	White					20 lost birthdoy) YRS		
7o cou	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT			NEVER MARRIE	U VE	DUNTY OF DEATH		
	Big Peel, Mo	l. U.S.A		WIDOWED	_		Washington		Md
10	CIT OK TOWN OF DEATH	I I NAM	E OF HOSPITAL OR INS	TITUTION (If no	ot in hospital	during most a	CUPAT ON (Kind of work done working life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESSOR
3.0	Hagerstewn	Wa	shingte	n Co.	Hesp.	1 11 40	V CITTAGE	Road	Centra
odn	JSUAL RESIDENCE (Where decemens) STATE Wary Land	osed lived, it institution 13b COUNTY, Washi		13t. CITY OR		ES NO	13e. STREET AND NUMBER		
					THE PERSON NAMED IN		None		
14.	FATHER S NAME First	Middle	Lost		. MOTHER'S MAID	EN NAME FIRST	Middle	-	Lost
14.	Arthur WAS DECEASED EVER IN U.S. AI	Grant	Har		Mary		Ann	Bear	<u>'d</u>
100	Vos no or unknown) 1 (if yes own	wor or dates of services				17 .		31.5	
			17-32-5		James	Hart	Big Sprin	APPROX	MATE INTERVAL
	18. CAUSE OF DEATH (Enter of PART 1 DEATH WAS CAUS	ED BY:			otion d	uo to o	oronary artery	BETWEEN (hour hour
	IMMED	DIATE CAUSE (o)		Illiar		occlus i		One	ПОЦ
	Conditions, if any which gove	DUE TO, OR AS	A CONSEQUENCE OF rterioscle	ratio			on	tur	years
L	rise to immediate cause (a)	,{	A CONSEQUENCE OF	STOCIC	Ileart L	/ISEASE			years
	stating the underlying couse	DOE TO, OK AS	A CONSEQUENCE OF						
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	IG TO DEATH RUT NO	OT RELATED TO	THE TERMINAL O	ISEASE OR CONDI	TION GIVEN IN PART 1/n)		
l_		-	lone	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE TENNIONE O	11201190 011001191	Trott otract in Trint I(o)		
TION	190. DATE OF OPERATION 199	CONDITION FOR WHICH		RFORMED	20o. AUTOPSY	Y?	20b. IF YES, WERE FINDINGS	CONSIDEREO IN C	ERTIFYING
CERTIFICATION	= = = =				YES 🗌	NO 🏋	CAUSES OF GEATH?		
		M 1 M 1 11110 W 1 11		21c HO	W INJURY OCCUR		ure of injury in Port 1 or Port 2	, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DE		Month Ooy Year						
MEE		B. PLACE OF INJURY (A			CATION Street o	or R.F.D. No.	City or Town	County	State
	ot work								
	22a. I certify that (1) (t	his haspital) atten	ded the decease	d from 03	/15/6/	19	, ta <u>U4/U4/6</u> 91 Indeath occurred on the c	9, that	(I) (XXXX) last
	saw the deceased	alive on A. DICI	MXXI view the l	y 09, ond	d that in (my)	(60r) opinior	deoth occurred on the c	lote ond ho <mark>ur</mark>	ond from the
	22b SIGNATURE	ve, (i) (we)(uia) (a	id-flot) view fre	mody quel q	Jeuill.				
	Cuit	2: Bobe	in to A	DEGRI	EE PHYS.	MED.	OR STAFF	04/04/6	9
	22d. PHYSICIAN'S NAME (Type) Arc	hie Robert	Cohon 1		13170	DIRECT	oring, Marylan	7 21722	
	NAMÉ (Type) Arc	inie Kobert	Conen, I	AT'D'		orear of	ATTIES, MEAT ATTI	4 4 4 / 4 4	
230		. DATE	23c. NAME OF	CEMETERY OR	CREMATORY	230	LOCATION (City or Town)	(County)	(Stote)
	REMOVAL (Specify)	17/69	St.	Paula	Cemet	arw l	Clear Spring	r Mach	Ma
24		2 1 1	ADDRESS		25	So. REC'D BY REC	GISTRAR 25b. REGISTRAR	3 SIGNATURE	*******
1	Marguet Ka	culand.	llear Sp	ring.	Md. D	APP 8	1369 /Chan	Can Josephy	M2.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06055 06059 CERTIFICATE OF DEATH First M. ddle Lost 2b HOUR P 1 DECEASED-NAME 2g. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) Month 1969 Anthony Ben jamin Haslacker April 11:10 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (in years last birthday) IF UNDER I YEAR IF JNOFR 24 HRS. the attending physician and completely filled in by the sist permit. Then please remave carbon papers Pages mation at removal, and in any event, within 72 haurs aft MONTHS DAYS HOURS Male White 6/27/78 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED West Virginia WASHINGTON USA WIDOWED IX DIVORCED [12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address) INDUSTRY Groceru HAGERSTOWN during must atmorking life eyen if retired.) WESTERN MD. 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b CDUNTY Washington 1079 View Street YES 🔀 NO 🗔 Hagerstown 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle M.ddle John Haslacker Elizabeth Hease 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Addres Hagers town. Yes, no orunknawn) Mrs. Robert L. Hackett 130 Donnybrook Dr. burial, crematian, ar removal, 214-05-6938 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease 6 months DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been Gangrene on right foot 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? NO DE YES [TT] 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY or contributing cause of death (If either, notify medical examiner) HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. County City or Town State While Not while at work 220. I certify that (I) (this charge and) attended the deceased from Sept. 17, 19 68, to April 9, 19 69, that (I) (such last saw the deceased alive on April 9, 1969, and that in (my) (SGr) opinion death occurred an the date and hour and from the couses stated above, (I) (see) (did) (diction) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR 4/10/69 AM DEGREE director, pag should be file 22e. ADDRESS Western Maryland State Hospital 22d. PHYSICIAN'S NAME (Type) Chong Choon Han, M.D. 1500 Pennsylvania Ave., Hagerstown, Md. 23d. LOCATION (City or Town) 23o BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) BENOVEL (Specify) 4/12/69 Hillcrest Burial Park. Md. Cumberland. Allegany 250 REC'D BY REGISTRAR DAPR 1 4 19 25b REGISTRAR 5 SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Plender Judge 1969 H. Wayne George Cumberland, Maryland 30M REV, 1/68



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		0606	0	DIVISIO	ON OF VI			STON STREET, BA		MARYLAND 2	21201	0603	56
	1 DI	CEASED-NAME	F	erst		M ddle		Lost		ATE OF DEATH			2b. HOUR
7 1/7		(ype or pnnt)	Edga	r		Eugene		Hoffman		pril Month	11. Day	196 ⁶ 9°r	12:30AM
	3. SE	X		4 RACE			S.	DATE OF BIRTH		6. AGE (In	veors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	1	fale		W	nite			Nov. 16,	1906	lost both	YRS.	MONTHS DAYS	HOURS MIN.
		BIRTHPLACE (Stote			N OF WHAT	COUNTRY?	8 MARRIED	NEVER MARRIED		TY OF DEATH			
		t. Lena,		U. 8	3. A.		WIDOWED [DIVORCED [ashingto			Md.
1	На	TITY OR TOWN OF agerstown	n.		wa stree	OF HOSPITAL OR INSTALL	¶Ø®W∏not o, Hosp	in hospitol 120.	USUAL OCCUP oreman	ATION (Kind of working life, even if	ork done retired.)	12b. KIND OF INDUSTRY CONST.	BUSINESS OR ruction
8	13o odmi	USUAL RESIDENCE	(Where de	eosed lived, if	institution DUNTY	Residence before	13c CITY OR TO	Vrc C	_	3e STREET AND N	UMBER		
f		ission) STATE laryLand		W	ishine	ton	Boonst	oro j	NO	Rfd. 2			
	14 1	ATHERS NAME	First	ħ	Addle	Lost		NOTHER S MAIDEN NAM			Middle		Lost
	140	WAS DECEASED EV	Lbert	ADMEN ENDIES	M.	Hoffm: b SOCIAL SECURITY N		DRMANT	rtha		Address	L	um
	У	es, no, or unknown		tive war or dates of a	ervice)	217-09-96			Hoffma				. W.
	F	19 CATISE OF D	EATH (Enter	only one caus		or (o), (b), and (c))		Edna L.	101001131	n, ara.	Z, BO		IMATE INTERVAL
		PART I. DEA	TH WAS CA	USED BY:	(0.	. @.c.c	0	ı OM		BETWEEN	ONSET AND GEATH
		Lord 6	/ IMM	EDIATE CAUSE (CONSEQUENCE OF	~~~	7 000.					
	'	Conditions, if on		ve }	(b)	Avto	مونيه	Comple	Nac	all Pri	مممع	2	40/
		rise to immedia			TO, OR AS A	CONSEQUENCE OF		7	1				7
		last.		_)	(c)								
		PART 2 OTHER S	GONIFICANT	CONDITIONS Q	ONTRIBUTING	G TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE	OR CONDITION	GIVEN IN PART 1	(o)		
	8	10 0175 05 0055	NATION	AL CAMBITION	FOR MAINER	000000000000000000000000000000000000000	FORMER	Too witnesses		AND WE WERE	FINDINGS CO	MEINENEN III	PROTIFICIALO
g.	Ž.	190. DATE OF OPE	KATION	95. CONDITION	FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPSY?	I	20b. IF YES, WERE CAUSES OF DEATH?		JUZIDEKED IN (EKTIFYING
	CERTIFICATION	21o ACCIDENT W	VAS UNDER	YING 1916	TIME OF N	5.4D.Y	21c HOW	YES NO	Enter neture	of injury in Port 1	or Port 2 II	tom 18.)	
		OR CONTRIBLTING	CAUSE OF	DEATH HOL	JR A.M. N	Month Day Year	210 11011	THOUS VECORALD (care autore (or adort or contr	OF FUH &, II	iani in î	
	MEDICAL	(If either, notify 21d. MJJRY OCC		ominer) 21e. PŁACE OF	P.M. INJURY (AT	HOME FARM, STREET, FACT	ORY.) 21f. LOCA	TION Street or R.F.D.	No.	City or Town		County	Stote
		While Not w	hile 🖂 🖠		OFF	FICE BUILDING, ETC.	1			_ ^			3.010
		22a. L certify	that (1)	(this haspit	al) attend	ed the decease	d from.		9.66,1	· Curul	, 19_	, tha	t (I) (we) lost
		saw the	deceased	dive an_	3//	3/69 19 d nat) view the b), and 1	at in (my) our	apınion de	eath accurred o	on the da	te and haur	and from the
		COUSES S 22b SIGNATURE	tated ab	ove, (I) (we) (did) (die	d nat I view the b	ody offer de	ain.			77, 1	DATE SIGNED	
		220 SIGNATIKE	90 (1/1.		a how	DEGREE	ATTENDING PHYS	MED.	STAFF PHYS.		4	2/19
		22d. PHYSICIAN'S	U LIBU			h race	1	22e. ADDRESS	DIRECTOR	— tuis ,	_		-16
		NAME (Type	Ke	bl.V	. h.	Camp	bell		HE	19245	> 101	Unk	hd
	230	BUR AL, CREMATI		3b. DATE		23c NAME OF C	EMETERY OR CE	EMATORY	23d L	OCATION (City or T	lown)	(County)	(Stote)
	1	3 PHOVAL Specify	/)	4- 13-	- 69		na Ceme	tery	Mt.	Lena, W			Md.
		FUNERAL DIRECTO				ADDRESS		250. REC	TO BY REGIST	RAP CO 25b P	GIBTRAR S	GNATURE	SE.
	Je	ohn H. B	Bst.	Jr. 112	N. M.	lain St.	Boonabo	TO. MODATE	17 Y 9	1000		0 0	7



J 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, RAITIMORE, MARYLAND, 21201 0.6 8 5 7
1	Item2a FilmGill 4/11/69 kk CERTIFICATE OF DEATH
de of	1 DECEASED-NAME First REV. CHARLES A. Middle HUYETTE 20. DATE OF DEATH April 2 Day 19809 12"30
s after	3 SEX Male White 5. DATE OF BIRTH 6 AGE (In years lift UNDER 124 HRS last birthday) MONTHS DAYS HOURS MAIN 95 YRS.
24 hour	70. BIRTHPLACE (Stote of foreign country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARR.ED 9. COUNTY OF DEATH WIDOWED DIVORCED Washington
within 24 bod pop pop	Williamsport R.1 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working ife, even if retired) 120 USJAL OCCUPATION (Kind of work done in housings)
complete on y event,	130 USCA: RESIDENCE (Where deceosed lived, if institut on Residence before 13c C.TY OR TOWN 13d MASDE CITY LW 152 13e STREET AND NUMBER Odmission) STATE NO. 13d MASDE CITY LW 152 NO. 15d MASDE CITY LW
rrificote be executed physician and compley en please remove coloval, and in any event	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Scott Huyette 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT
physici nen ple noval, a	Yes, no. qunknown) ("yes suggested of service) 185-30-4260 Rev. Mark G. Wagner Home Church
PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. The attending physician ond completely fully stacked for use os the burial framsit permit. Then please remove calcompanels of Health prior to burial, crematian, or removal, and in ony event, with the contractions of the contraction of the contr	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY HIMBED.ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave Insert to immediate couse (a). (b) Jenelofy
equires that the proposition of the signed by the burial transit purial, cremati	stoting the underlying cause (c), (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)
AN: The law requires all or ottending physici icate has been signed for use os the burial. Health prior to burial.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY2 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCUPRED. (Enter polyto of injury to Port 2, New 18)
PHYSICIAN: e hospital or his certificate stacked far u Dept. of Heal	Grant Contributing Cause of Death Hour A.M. Month Day Year 19 Hour notify medical examiner) Hour A.M. Month Day Year 19
DING I by th After t I be de Stote	21d INJURY OCCURRED While 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f EOCATION Street or R.F.D. No City or fown County Stole of work of work 1 of
be red w	226 SIGNATURE DEGREE ATTENDING MED. STAFF 22c DATE SIGNED 22d PHYSICIANS 22d PHYSICIANS DEGREE ATTENDING DIRECTOR DIRECTOR DIVINE DIRECTOR DIRECTOR DIVINE DIRECTOR DIRECTOR DIVINE DIVINE DIRECTOR DIVINE DIVINE DIRECTOR DIVINE DIV
TO HOSPITAL Poge 4 may TO FUNERAL I director, pog should be fil	NAME (Type) 230 BJRIAL (REMATION, REMATION, REMATION) REMATION REMATION April 5, Arch Spring Cemetery Tyrone, Pa. Blair Co.R.D.1
VR A15 141 45M /69	24 FUNERAL DIRECTOR Hagerstown, Md. ADDRESS Andrew K. Coffman Funeral Home Inc. 250 REC D BY REGISTRAR 250 REGISTRAR 3 SIGNATURE DATE APR 7 1969

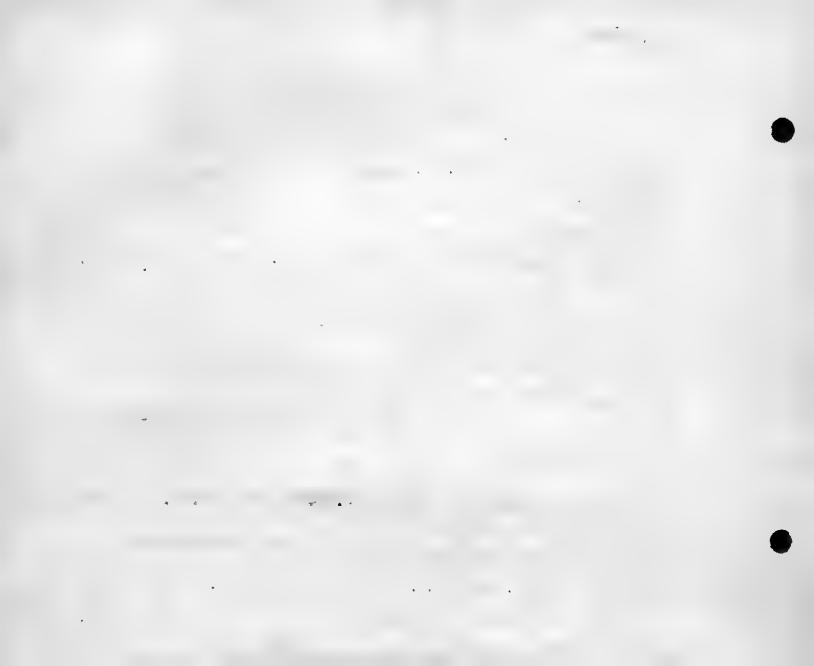
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06062 06058 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR and 2 . The law requires that the death certificate be executed within 24 hours after death (Type or print) Morth D. 4. RACE 3. SEX DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) HOURS TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to by the director, page 3 shauld be detached far use as the burial transit permit. Then please remove farban papers. Pages shauld be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, and in sax event, within 72 hobrs attained. 1887 Male White 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State at foreign 8 MARRIED [X] NEVER MARRIED [7] country Maryland Washington DIVORCED | WIDOWED [7] and completely filled remove carban pape 10 CITY OR TOWN OF DEATH 12b USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress)
Fahrney-Keedy Home during most of working life, even if retired)

Farm Owner INDUSTRY Boonsboro Farm 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland COUNTY NO X Middletown erick Bussard Rd Rout 14. FATHER S NAME Middle First Middle Last 15. MOTHER'S MAIDEN NAME FIRST Charles Edward Ifert. Susan Rice 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) 215-36-6644 Tfert Lee Middletown. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying causes iast PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES [NO 🗔 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of miury in Part 1 or Part 2, Item 181) OR CONTR BUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from Annual saw the deceased olive an Annual 1967, and that in (to , and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (sid) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE 23a BURIAL, CREMATION REMOVAL (Specify) Middletown Lutheran Cemetery Fred **2Sb** REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Gladhill DATAPR 1969 Company Middletown, Md. 30M REV \$ 468



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06059 CERTIFICATE OF DEATH 1. DECEASED-NAME last 20. DATE OF CEATH denth. 2b. HOUR within 24 hours after death funeral (Type or print) Claudia April Amolia Jordan 1969 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (in years E HINDER 24 HRS last birthday) Female MONTHS DAYS attending physician and <u>comp</u>etely filled in by the sermit. Then please remave carban papers. <u>Pages</u> an, ar remaval, and in any event, within 72 hadres White HOURS May 13 1906 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED | NEVER MARRIED ely filled in (valano) Washington Pa. U.S.A WIDOWED F DIVORCED [burial, cremation, ar remayal, and in any event, within 72 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR wash. Co. Hospital during most of warking life, even if retired.) Hagerstown Housewife 130 USDA, RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER The law requires that the death certificate be/executed admiss an) STATE 13b COUNTY Md Williamsport YES -22 E. Potomac St 4. FATHER S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Gertrude Harry Perry De Merse 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes_no, or unknown) (It was give war or dates of service) 216-07-1230D Mr. Roger A. Jordan Williamsport Md. RFD # APPROXIMATE INTERVA 1B CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY 2 lucació IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Cand fions, if ony, which gove Commend nse to immediate cause (a), be retained by the haspital ar attending physician. stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept of Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY2 20b IF YES WERE FINDINGS CONSIDERED IN CERT FYING CAUSES OF DEATH? NO 🗍 TO HOSPITAL OR ATTENDING PHYSICIAN: 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspited) attended the deceased from 1969, to 4.27. 69 , that (1) PWO last saw the deceased alive an 4 1969, and that in (my) (Fur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNAJURE Consultant physical DATE SIGNED STAFF. PHYS ATTENDING DIRECTOR PHYS. 22d. PHYS CIAN S 22e ADDRESS NAME (Type) 1998 Potomac Ave. Hagerstown, Maryland Richard E. Smith, A.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b. DATE 23a. BUR AL, CREMAT ON, (County) (Stote) **植物外外原形**切 Williamsport Greenlawn Cemetery Wash. Md. 25a, REC'D BY REGISTRAR DAMAY 1 1969 24. FUNERAL DIRECTOR 250. REGISTRAR S SIGNATURE Albert L. Leaf Williamsport Md.



₩. 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		0606 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06060
FOR STATE	-	INCUICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.	1	(Type or Prot)	14 19696:55
y is 3 to oge it of		Perill March	14 19696:55
ny delay is 2, and 3 to PM3. Poge	3	lost highering MAM DAYS HOHES MAN	Year 6:55
E 67 78 7	70	Genale White April 5, 1877 92 YRS. BIRTHPLACE (Stote or foreign 1/2 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	4 19 69 p. M
form form			
de la forma de la	/ //	Ordside Penna USA WIDOWED DIVORCED Washington CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done)	12b KIND OF BUSINESS OR
offer death 3. Give Page clong with the with the State	, ,		IND CTDV
Give mg h t	130	D USUAL RES DENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	Own Home
s offer 18. Giv olong 2 with	3	odmissparifiand 13b Washington Hagerstown YES & NO [37 Belview Ave	2.
Hem Hem 10 Office office after d	/	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
This certificate should be executed within 24 hours ofter death trate, writing the word "pending" in pendil in Item 18. Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with form 1 be used as a bundi-transit permit. File pages land 2 with the State Dear removal, and in any event within 72 hours after death.		John Henry Bonebrake Catherine Amanda	Miller
din 24 nort in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS HORS	erstown.Md.
darming the period of the peri		(Yes, no, ar Inknawn) [Fyes give war or dates of service) Mr. Norman B. Kauttman 1104 Woodlan	id Way
uted and single red Examine File rithin 72		18 CAUSE OF DEATH (Enter on y one cause per lime for (o), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Medical Medical permit.		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral vascular accident	Hours
exe endir Med if pe	1	DUE TO, OR AS A CONSEQUENCE OF	
be hiel		(b) Atherosclerosis, cerebral (b) Atherosclerosis, cerebral	Years
should be e be word "per o the Chief I burial-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she v		last. (c)	
certificate should writing the word rrwarded to the C ssed as a bunal-tr noval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
riffic riffin vard od o	Š	Fractured femur 190 DATE OF OPERATION 9b. COND T ON FOR WHICH OPERATION	20. AUTOPSY?
certification write forwar based benova	Į	WAS PERFORMED?	YES NO IX
MINER: This certificate should be exeluted with the certificate, writing the word "pending" in pet 4 snauld be farwarded to the Chief Medical Exart files 8 should be used as a bunal-transit permit. File imotian, or removal, and in any event within 72	CERTIFICATION	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter not tree of injury in Port 1 or Port 2, Its	
	MEDICAL		
INER INER Iner Shau files 3 sho	9	21d INJURY OCCURRED 21e PLACE OF INJURY (At name, form, street, 21f, LOCATION Street or R.F.D. No City or Town	County State
EXAMINER: cute the cert age 4 shaul r your files: Poge 3 shoul, cremotian		WHILE WORK AT WORK AT WORK AT WORK AT A WORK AT WORK A	wn, Wash. Md.
DEPUTY SICAL EXAMINER: scessary, please execute the certine funeral director. Page 4 snauld may be retained for your files FUNERAL DIRECTOR: Page 3 should ealth prior to buriol, cremotian,		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	
ICAL ror. Preded for CTOR:		death resulted from: Aptural causes 🔀, Accident 🔝 Suicide 🗍 Hamicide 🗍 Undetermined monner	
pleose direct direct reforme DIRECT or to E	1	CHIEF MEDICAL EXAMINER	
ol d ol d		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22b. DATE:	SIGNED
sary uner y be V be V be		EXAMINER'S HOWARD N MOOKE M D DEPUTY MEDICAL EXAMINER X 4/16	7
necessary, pleose ey the funerol director. 5 may be refouned to FUNERAL DIRECTOR Health prior to bur	_	HAMPE (Tipe)	ngton
5 5 ± 2 5 ±	23	B B JRIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
	2/	Burial (Specty) Burial (17/69 Rest Haven Cemetery Hagerstown-Washi FUNERAL DIRECTOR / 1/2 ADDRESS 1250 REC'D BY REG STRAR 1250, REGISTRARS	
VR A15ME (5)	l "	Way 4.0000	as Quedere
10M REV 1/68) /		Rest Haven Funeral Chapel Hagerstown, Md. OAPR 18 1969 Williams	A Managara





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06862 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME HEALTH-DEPT. Farst 20. DATE KNOWING KOOGLE (Type or Print) KEEFER MAIN ESTI DEATH MATED April 4 RACE 5 DATE OF RIRTH 6 AGE fin years OF JADER 1 YEAR IE UNOER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX Male White Moril Year 19 69 August 14,1902 66 7a BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Washington WIDOWED [U. S. A. DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital O. CITY OR TOWN OF DEATH 12a SUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Washington Co. Hospita during most of working ife even if retired) Real Estate Hagerstown in Item 18, Give 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13a USJA. RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 1500 W. Seventh Street YES 50 NO Frederick land 2 v after (14 FATHER'S NAME IS MOTHER'S MA DEN NAME FIRST Middle Amanda Heffner Koogle Frederick should be farwarded to the Chief Medical Examiner Frederick 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, na, ar unknawn) No 214 34 1011 AMrs. Natalie Koogle, 1500 W. 7th St. Md. File 72 APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Fracture of skull days DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave 3 (b) Acute subdural hematoma rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗀 NO [2] 21a. EXTERNAL CAUSE WAS 21b. TIME OF N.JRY Manth, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M. 17:38mm 1:-1- 19 69 CAUSE OF DEATH Fell from loading dock.
21f LOCATION Street or R.F.D. No. City or Toy 21e PLACE OF INJURY (At hame, farm, street, City or Town County State WHILE AT WORK Business factory affice building, etc.) Est. Frederick Trading Co. Ffederick. Frederick. 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection x Inquiry , and in my opinian death resulted from. Natural couses Accident K. Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIG NATURE DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** W. Ditto. Sr. 215 W. Washing WOW St. W. Hagers Town. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL CREMATION (County) REMOVAL (Specify) April 11.1969 Mount Olivet Cemetery Frederick Frederick Md. 25b REGISTRAR S SIGNATU 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR YR A15ME (5)" M. R. Etchison & Son. Frederick. Md.



1			ND STATE DEPARTMENT OF		
	06067	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	06063
L			CERTIFICATE OF DEATH		
	DECEASED-NAME First (Type or print)	Middle	Lost	2a. DATE OF DEATH Month Doy	Year 2b. HOUR
	HELEN	SHIRLEY	LEASURE		1969 5:10
3 :		4. RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF JINDER 24 HRS. AONTHS DAYS HOURS MIN
_	FEMALE	WHITE	1/18/1895	TK3	
70 (0)	BIRTHPLACE (State or foreign intry) VIRGINIA	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED	9 COUNTY OF DEATH WASHINGTON	A.A
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	NSTITUTION (If not in hospital 1) 20 USL	JA. OCCUPATION (Kind of work done	125 KIND OF BUSINESS OR
	HAGERSTOWN		N CO. HESPITAL	HOUSEWIFE	INDUSTRY HOME
ode	nission) STATE	d lived, if institution, Residence before	1100 🗆	10 🗔	
1	MARYLAND	WASHINGTON "	AGENOTOWN A	- MACHO! TOHE!	
14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME		Lost
14	NOT WAS DECEASED EVER IN U.S. ARME		NO. 17, INFORMANT	NOT KNOWN	
		r or dates af service)		RE WALNUT TOWERS	
	18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED	BY. F(AUSF (a) Intestinal	Obstruction, Mult	iple	4-5 hours
	1533	DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if any, which gave	(h) Extensive	Intra Abdominal Med	tastasis	2 years
	rise to immediate cause (a), (stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF	F		
	last.	(c) Adenocarci	noma Sigmoid		Unknown
	PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
×	None				
CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS COI CAUSES OF DEATH?	NSIDERED IN CERTIFYING
RTIFI	Oct 1966 Ad	enocarcinoma Sign		J	
	21a. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH			er nature of injury in Part 1 or Part 2, Ite	ım 18.)
MEDICAL	(If either, notify medical examine	er) P.M.	19		
×	While Nat while	PLACE OF INJURY (AT HOME FARM, STREET, F. OFFICE BUILDING, ETC.			County State
	22a. I certify that (I) (this	haspital) attended the deceas	sed fram <u>April 10</u> , 19 19 <u>69</u> , and that in (my) (vor) ap bady after death.	69 , to April 10 , 19	69 , that (I) (wet la
	saw the deceased ali	ve on April 10	19 <u>69</u> , and that in (my) (चेंग) ap	pinian death accurred an the date	and havr and from th
	226 Signature	(I) (We) (did) (did Hoff) view the	bady after death.		
/	20 SIGNADORE	Taymon 1 2.	DEGREE PHYS	MED. STAFF - A	ATE SIGNED 11 11 69
2	226 PHYSICIAN'S	May	DEGREE PHYS. LXJ 22e. ADDRESS	DIRECTOR L PHYS. L APT	
		am T. Layman, M.I		tietam Street, Hag	erstown, Md.
23,	b. BURIAL CREMATION, 23b. D.		CEMETERY TO COMPANY		
J.	DEMOVA, (Specify)		PLAINS METHODIS		gawy we!
	FUNERAL DIRECTOR	ADDRES	S 2So RECD	BY REGISTRAR 25b REGISTRAR S SI	IGNATURE
	Howard of	Heore Ha	noca model 1	7 19R9 Otherson	· Cudal.

Y' - 11' to to the second section 21. 1 . F . . . 13 the state of the s TO TO DE. TO THE WORLD STORE S · * +1 /F 4 / + 1d. (*/ J Y / * · ·

CK: 1 7. 7. 7 1/12/5 1/2 15 15 2/2

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1		06068	IVISION OF VITAL RECORDS	301 W. PRE	EPARTMENT OF H STON STREET, BALTH TE OF DEATH		201 06	U64
and 2 deoth.	(T	CEASED-NAME First Appe or print) SAMUEL	Middle HOWELL	L	Lost OHIMAN	20. DATE OF DEATH Appendix	2 ¹⁹ 1 ¹ 9	2b. HOUR
	3 SE	Male	4 RACE White	5	Oct. 18 190	6. AGE (In ye last birthday	ors IF CHOER Y YRS MONTHS I	TEAR IF UNDER 24 HRS. DAYS HOURS MIN
	7o B	RRTHPLACE (State or foreign 7b	U.S.A	WIDOWED	DIVORCED	Washington		M
,	Ha	agerstown	11 NAME OF HOSPITAL OR IN give street address! Washington	County I	lospitalium mo	OCCUPATION (Kind of work of working life, even if re Store Owner	done 126, KIN INDUSTR	ID OF BUSINESS OR RY OCORY Sto
und III only evenir,	odmi	ssion) STATE N.d.	lived, if institution. Residence before 13b. COUNTY Washington	13c CIY OR TO	IM/N 13rt NSIDE CITY LINE	TSP 13e STREET AND NUM	BER	
1		ATHERS NAME First August	Modie Lost HQ Lohman		NOTHER'S MAIDEN NAME FIN		odle	losi Creager
	160. Y	WAS DECEASED EVER IN S ARMED	FORCES? * 16b SOCIAL SECURITY 220-16-3		RMANT Chi		dress 121 W	. Dain St
		PART I DEATH WAS CA SED RY	one cause per line for (a) (b), and (c) Y CAUSE (a))			BETW	PROX MATE INTURVAL VEEN ONSET AND DEATH WEEKS
bunal, cremation, or remo		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF					
		rise to immediate cause (a), stating the underlying cause lost.	(b)					
ppr. at neolin prior ta bunal, o	-,-		PARTIAL BOW			NDITION GIVEN IN PART 1(0)		
X	CERTIFICATION	190. DATE OF OPERATION 196 COM	IDITION FOR WHICH OPERATION WAS PE	RFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSIDERED	IN CERTIFYING
	¥	21o. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer)	21b TIME OF INJURY HOUR A.M. Month Doy Yeor P.M.		INJURY OCCURRED (Enter	noture of injury in Port s or	Port 2, Item IB.)	
	3	21d INJURY OCCURRED 21e. PLA While Not while 1 1 work at work	ACE OF INJURY (AT HOME FARM, STREET FA	CTORY,) 21f. LOCA	,	City of Town	County	Stote
		sow the deceased plive	naspitol) attended the decease on () (we) (did) (did not) view the	1969 and t	hat in (my) (our) anin	ian death occurred an	, 19 <u>_6_9</u> _, t the dote and h	that (I) (we) los our and from the
		226 SIGNATURE Cerra	ulass)	DEGREE	ATTENDING PHYS DIR	STAFF PHYS	22c. DATE SIGNE	69
1			cillo, M. D.			n St., Sharps		1. 21782
14	B		2 0/	CEMETERY OR CR		23d LO(ATION (City or Tow Sharpsburg	Washing	gton I.d.
187		uneral director 1bort L. Leaf W.	ADDRESS illiamsport Nd.		250 RECD BY DATE	6 1969 256	PTRAK & PICHT THE	1



		06069	DIVISION O	F VITAL RECORDS,	301 W. PI	RESTON STR	EET, BALTIN DEATH	NORE, MAR	YLAND 21201	06063	Š
= -2=		ECEASED-NAME First		Middle		Lost		2o. DATE OF			2b. HOUR
rs after deoth. The uneral ond 2	1	(Ype or print) Made	ine		1	far ks		Apri]	L Month 9 Do	1969	10:30
	3 5	X	4. RACE			S. DATE OF BIR	RTH		6. AGE (In years lost_birthday)	IF UNDER 1 YEAR	IF JADER 24 HRS.
by the Profits office of the Profits		Female	V	<i>l</i> hite		11/	22/11		lost birthdoy) 57 YRS.	MONTHS DAYS	HOURS MAN
by By	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARK	RIED S.	COUNTY OF			
d in pery	(00	Pennsylvania	USA		WIDOWED	DIVOR	CED 🗀	NASH	INGTON		Md
within 2	10.	HAGERSTOWN	giv W	NAME OF HOSPITAL OR INS re street oddress) ESTERN MD.	STATE	HOS PTT A	during mos		(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
requires that the death certificate be executed within 24 haurs after death, g physician n signed by the ottending physician and campletely filled in by the funeral e burnol-transit permit. Then please remove carbon papers. Paper ond 2 oburiol, cremation, or removal, and in any event, within 72 hours after death.	13o. odm	USUAL RESIDENCE (Where deceos ission) STATE Mary Land	ed lived; if institution in the country All	ution: Pasidance before	13c CITY OR	rland	AEZ NO [100 711	REET AND NUMBER 37 Marylan	d Ave.	
P E G	14.	FATHER'S NAME First	Middle	Lost	15	MOTHER'S MA		t	Middle		Lost
A Ess	L	William	F.	Marks			Alta			Heasl	ey
tificaté hysicio n pleo vol, on		WAS DECEASED EVER IN U.S. ARN (es no, or unknown) (If yes give w	MED FORCES? or or dates of service)	16b. SOCIAL SECURITY I		nformant rw. Fl	oyd Bo	or, Mt	Savage		
equires that the death certific physician signed by the attending physi buriol-transit permit. Then p buriol, cremation, or removal,		18 CAUSE OF DEATH (Enter on	y one couse per	line for (o), (b), ond (c))					APPROX BETWEEN (IMAYE INTERVAL ONSET AND DEATH
ooth indir or re		PART I. DEATH WAS CAUSED) 8Y ITE CAUSE (0)	Carcinoma	of the	uteru	s with	pulmon		- one	year
quires that the death ce physician signed by the ottending buriol-transit permit. Th buriol, cremation, or rem	1	1×27		R AS A CONSEQUENCE OF					tasis		
st he st	L	Conditions, if only, which gove) rise to immediate couse (o),	(b)								
the round the cream		stating the underlying couse	DUE TO, OI	R AS A CONSEQUENCE OF							
equires physicic signed burnol-tr	ı	lost,	(c)								
law requinding physics significant parts in the purious to burious bernesses.	z	PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO) THE TERMINAL	DISEASE OR COI	NDITION GIVEN	IN PART 1(0)		
ne law re trending os been os the prior to	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR V	VHICH OPERATION WAS PE	RFORMED	20a. AUTOF	SY?		YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
The otter hos se as the pri	I E					YES 🗀	NO 🛣		OF DEATH?		
YSICIAN: The ospital or other fical properties had for use that the for use of the offth.		210. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAJSE OF DEAT			21 c. HC	OW INJURY OCCU	JRRED (Enter n	oture of injur	y in Port 1 or Port 2	Item 18.)	
Pitting and the state of the st	MEDICAL	(If either, notify medical examin	ner) P.A	M. 10							
PH ee h	W	gt work of work		AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.				·	or Town	County	Stote
ATTENDING stained by th COR: After t should be de	1	22a. I certify that (I) (the saw the deceased a	क्र क्रक्रक ्ष) व	ttended the decease	ed fram	Feb. 3	, 19.69	_ , toA	pr. 9 , 19	7 <u>69</u> , thai	(I) (903) los
END Ped Jed he (saw the deceased a causes stated above	ive on	1) 000000 view the	9 <u>97,</u> and	d that in (my leath	() (6661) apini	on death o	iccurred an the d	ate and hour	and fram the
ATT STATE OF		22b. SIGNATURE?	/ (// (we) (dic	1) factoring view line	ed 1				220	. DATE SIGNED ,	
OR of w	ш	10 11	as ein	march a	DEGR	EE PHYS	G DIR	O. ECTOR	STAFF PHYS.	4/10/6	9
AL O		22d. PHYSICIAN'S				22e. ADDR	ESS Weste	rn Mar	vland Sta	te Hosp	ital
FIT WE TERM or, I do be		NAME (Type) Fe U.	Porciu	ncula, M.D	•	1500	Pennsy	lvania	Ave., Ha	rgerstow	n, Md.
TO HOSPITAL OR ATTENIE Page 4 may be retained for FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	230	BURIAL, CREMATION, 23b. I		23c NAME OF					N (City or Town)	(County)	(Stote)
5 5 5 P			r.12,1			Burial	Park	Cumb	erland.Al		
VR A15 4	24.	FUNERA DIRECTOR James F. Scary	elli.	Cumberland	. Md.		250 RECD BY	5 196	9 25b, BEGISTRAR	ANG NACUE	ple .

MAKTIAND STATE DEPARTMENT OF HEALTH



,	06070		ND STATE DEPARTMENT	OF HEALTH , BALTIMORE, MARYLAND 21201	λ
	00010	DIVISION OF VITAL RECORDS	CERTIFICATE OF DEA		06066
# = # # 2 #	(Time or nept)	rrst Middle	Last	2a DATE OF DEATH	2b. HOUR
er deoth. funeral i Fond 2	A	ana May	Martin	April 3	^{dy} 1969 5 a.M
ffer e fu	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	F JNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
rs of the same	Female	White	7	16 1892 76 last birthday) YRS	
24 hours after deoth. d in by the funeral pers. Pages Fond 2 72 hours offer deoth.	7a BIRTHPLACE (State or fareign country) Md.	75. CITIZEN OF WHAT COUNTRY? U.S. A.	8. MARRIED NEVER MARRIED WIDOWE NO DIVORCED [☐ Washington	Md
vithin 2	10 CITY OR TOWN OF DEATH Smithsburg	11 NAME OF HOSPITAL OR II give street address) Rural	NSTITUTION (If not in hospital d	2a. USUAL OCCUPATION (Kind of work dane uring most of working life, even if retired.) HOUSE WIFE	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within 72 that is after death.	13a. USUAL RESIDENCE (Where de admission) STATE Md.	ceased lived, if institution: Residence before	Smithsburg YES	SIDE CITY LIMITS? 13e. STREET AND NUMBER	
exel any	14. FATHER'S NAME First	Middle Lost	1s. MOTHER'S MAIDEN	NAME First Middle	Last
be din	Frank			ydia	Horst
ore sicial and and	16g. WAS DECEASED EVER IN U.S.	ARMED FORCES? give war or doles of service) 16b. SOCIAL SECURITY	NO. 17 INFORMANT	Address	
Phy Sen you	Yes, no, ar unknown) (If yes	no	Kenneth	e Martin Smithsb	APPROXIMATE INTERVAL
e E E	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly one cause per line far (a), (b), and (a	, ·		BETWEEN GINSET AND DEATH
endimit.	, , , IMA	NEDIATE CAUSE (a) <u>Cerebral</u> t	hrombosis		25 months
t the c the oth sit pen nation,	Canditians, if any, which gi		f Lerotic cardiova	scular disease	10 years
tho on. by rran	stating the underlying co		F		
ries ysici ysici ial- ial,	łost	(c)			
The low requires the attending physicion has been signed by se as the burial-traith prior to burial, cre		CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	CASE OR CONDITION GIVEN IN PART 1(a)	
low bendii 15 the	190 DATE OF OPERATION 21g. ACCIDENT WAS UNDER	19b. CONDITION FOR WHICH OPERATION WAS F	PERFORMED 20a. AUTOPSY?		CONSIDERED IN CERTIFYING
The after has see of the p	RTHEIG		YES 🗀	NO 🚾 CAUSES OF DEATH?	
HYSICIAN: hospital or s certificate riched for u				D (Enter nature of injury in Part 1 or Part 2	!, Item 18.)
Sicus Spito	🚡 (If either, natify medical ex	gminer) † P.M.	19		
PHY:	While Nat while	216. PLACE OF INJURY (AT HOME FARM, STREET, I OFFICE BUILDING, ETC.			County State
by the free this be deto	22a. I certify that (I)	(this haspital) attended the decea	sed from 7-27	our) opinian death accurred on the c	9 <u>69</u> , that (I) (we) last
R: A buld the She	saw the decease	d alive an	.19_02, and that in (my) (a	our) opinian death accurred on the c	date and hour and from the
OR ATTENI be retained DIRECTOR: A je 3 should ed with the	22b. SIGNATURE //	£ _ /	\wedge	/ 22	c. DATE SIGNED
OR De ra	(harles)	To Herr M.	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	7-3-69
TAL Noy B AL D Pog e file	22d. PHYSICIAN'S NAME (Type)	aulas D. Hasa M.D.	22e. ADDRESS	Smithsburg, Maryland	21783
O HOSPITAL Page 4 moy O FUNERAL director, pag should be fill	CII	arles F. Hess, M.D.			
FU Fu	23a. BURIAL, CREMAT ON, REMOVAL (Specify) BUTLA		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State) Wash md.
	Burial L	April 5 69 Stouf	fers MennoniteC	emetery Smithsburg	PK SIGNAT. IRE
VR A15 (4) 30M REV 1768 1		Funeral Home Smtths	sburg Md.	PR 8 1969 256 REGISTRAL	les judges :



1 0	t .	•		NU STATE DEPARTMENT OF						
5		06071	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06067							
- Care		00017			06067					
# / F #		YPE OF PRINT) CLAR	ENCE Widdle	MAYHUGH	20 DATE OF DEATH ADRIMANTH 200	2b. HOUR 7 P. M				
y the Urs after	3. SI	Male	4 RACE White	S. DATE OF BIRTH	6 AGE (n yeors last birthday) 2 YRS.	IF UNDER 1 YEAR IF JINDER 24 HRS MONTHS DAYS HOURS MIN				
in 24 hour lilled in by popers. Prin 72 hour		BIRTHPTASE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH WASHINGT	6N Mo.				
cated within 24 hours after smaletely filled in by the week action papers. Pages event, within 72 hours after	1	The or town of death 1905 to a	give street address,	NSTITUTION (If not in hospital 1290)	most of working We, even it retired)	126 KIND OF BUSINESS OR INDUSTRY				
executed with the completely freque, carbon nany event, with	adm	issian) STATE Penna	ised hved, if institution Residence before	, Rural YES	NOX RDI-Gree	encastle, PA				
o be ex		FATHER'S NAME FIRST		15 MOTHER'S MAIDEN NAME PORT OF THE PROPERTY O	First Doo Middle	Lost				
srtificote physicie en plec ovol, or	160		- ///	266 mm. Mu	ry mayhugh, - s	Heeneralto				
ATENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after the hosp tall or attending physicion. CTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detoched for use as the burial-transit permit. Then please remayer-carbon pagers. Pages with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept.		18. CAUSE OF DEATH (Enter o PART I DEATH WAS CAUSI IMMED	nly one couse per time for (o), (b), and (o) BY Cerebral h ATE CAUSE (a)	iciioi i iage		8 hrs.				
at the of the other of the othe		Conditions, if any, which gave rise to immediate couse (a),	(0)	rotic vascular dis	ease	?				
quires that the physicion. signed by the burial-fronsit purial.		stating the underlying cause lost.	(c) CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	PRODUCTION GIVEN IN PART 1(a)					
The low requoted by the low requotes been signered by the prior to but the but	NOIL		CONDITION FOR WHICH OPERATION WAS		20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING				
: The let not the has let not one os os alth pri	CERTIFICATION	210 ACCIDENT WAS JNDERLYI		YES NO	CA SEES OF DEATHS					
YSICIAN: osp fal or certificate thed for u	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Month Day Yes iner) P.M. P.M. AT HOME FARM, STREET,			County State				
ing PHY by the hi frer this be detoct		While Not while of work of work	DEFICE BUILDING, ETC.			9, that (I) (we) fast				
TENDII oined br OR: Aft oould br		causes stated obov	his hospital) attended the decear alive on 4/2/69 re, (1) (we) (did not) view th	_19, ond that in (my) (aur) a e-body after death.	ipinion death accurred an the d	ate and hour and from the				
OR DIRE		22b SIGNATURE	MANG MA	DEGREE PHYS 230 APPTIESS	MED STAFF PHYS	4/3/69				
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be exerting the may be retained by the hosp tall or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician old a director, page 3 should be detoched for use os the burial-transit permit. Then please remoishout be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any	72-	22d. PHYSICIAN S NAME (Type)	DAY SREW	OF CEMETERY OF CREMATORY	123d LOCATOR (CINE ON TOWN)	(County) / (State) 1				
Page 10 Fu director		FUNERAL DIRECTOR	7/5/69 Bro	ains Mill Com	Kalittman	Statum Ja				
VR A15 (4) 30M REV 1/68	24	ato-14	enuch - The	acisto To DATE A	PR 7 1969 RECISIONS	and Sund				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06068 CERTIFICATE OF DEATH Item#13b,c,d,FilmG412 5/14/69 km DECEASED NAME Middle Last 2a DATE OF DEATH 2b. HOUR within 24 hours after death. (Type or print) Month Year M 69 3 SEX and in any event, within 72 hours after ARACE DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. and completely filled in by the remove corbon papers. Pages DAY5 lost birthday) HOURS 4-28-69 2 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED TO NEVER MARRIED eose remove carbon papers. country) USA WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kurd of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Hagers town Washington County Ho.
3a. Sall RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY of TOWN painiex 13d INSIDE CITY UMITS? 13e, STREET AND NUMBER 13b. COUNTY Washington admission) STATE YES 🔀 NO . Sharpsburg 3 S. Mechanic Stree 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Low me Hraw Welores signed by the attending physicion buriol-transit permit. Then please PHYSICIAN: The law requires that the death certificate 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, ng. ar unknawn) (If yes give wer or detes of service) buriol, cremation, or removal, APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) invaturis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be tiled with the State Dept. af Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a JUTOBSY? CAUSES OF DEATH? NO | YES [21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 2.d INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while at wark 22a. I certify that (1) (this haspital) oftended the deceased fram—saw the deceased alive on—\$\frac{1}{2}\textit{8}\tag{2}\textit{19.6.5}, and , 19_ , ta 19 6 £, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after deoth. 22b-SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS MARILLO 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION. WASHINGTON COUNTY HOSPITAL HAGERSTOWN, MARYLAND 25g REC'D BY REGISTRAR VR A15 (4) Clemens 1969 30M REV 1/68



, ,			NU STATE DEPARTMENT OF HI		
-6	06073	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIN	NORE, MARYLAND 21201	
~			CERTIFICATE OF DEATH	06069	
butte offer death	1. DECEASED NAME (Type or print) De	First Middle Webste	er Mc Lucas	20. DATE OF DEATH Dov26 190969	HOUR
ter fur s. I frer	3 SEX	4 RACE	S DATE OF BIRTH	6. AGE (10 years IF UNDER I YEAR IF JINDE	ER 24 HRS
to (The state of		White	Sept. 4 1899	last birthouy) YRS. MONTHS DAYS HOURS	MIN
House House	7o BIRTHPLACE (State or fore g country)	76 CITIZEN OF WHAT COUNTRY?	MINKALED CO. HEACK MAKKIED	COUNTY OF DEATH Washington	
filed fried fried friin 77	ID. CITY OR TOWN OF DEATH				Md
within ban p ban p	Williamsport	give timet podress) Cor	nococheague St. during mos	OCCUPATION (Kind of work done 125 KIND OF BUSINES INDUSTRY ROad	22 OK
executed within 24 hours after a completely filled in by the furnove corbon papers offer the corporation of	odmission) STATE Md	deceased lived, if institution. Residence before	13c CITY OR TOWN 13d MS10c CITY LIM Williamsport YES X NO	159 13e STREET AND NUMBER	t.
end of convergence	14 FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME FO		
1 2 a a a	Simo	n H. Mc Luce		usan Weller	
physician of physician of physician covar, and ir	160 WAS DECEASED EVER IN U. Yes, no or unknown) (fin	s. ARMED FORCES? Is give wer are dates of services orld War #2 705-10-80	NO. 17 INFORMANT Mrs. Joseph M.	110 Sideonococheague Anderson Williamsport Md	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 In the last in a strained by the haspital or attending physician. INRECTOR: After this certificate has been signed by the attending physician and campletely filled uper 3 shauld be detached for use as the bur al-transt permit. Then please remove carbon pagers at with the State Dept of Bealth prior to burial, cremation, ar removal, and in any event, within 72.	PART I. DEATH WAS IN Conditions, if only, which is to immediate couse stating the underlying cousts.	DUE TO, OR AS A CONSEQUENCE OF CONSE	rdiaf Tufare rolland Volume rolland Volume	APPROXIMATE PAIR BETWEEN ONSET AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	DEATIS
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Ilealth prior to	To contributing cause (If either, notify medical seated) 21d. INJURY OCCURRED While Not while of work 22o. I certify that (I sow the decease)	DEFORATH HOUR A.M Month Day Yeo P.M P.M 21e PLACE OF INJURY (AT HOME FARM STREET, FOOT OFFICE BUILDING, ETC.) (this hospital) attended the decease of olive on	ACTORY.) 21f LOCATION Street or R.F.D. No.		State ve) lost
TO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the	COUSES STOTED OF SIGNATURE 22b SIGNATURE 22d. PHYSICIAN S NAME (Type)	bove, (1) (we) (did) (did not) view the	body offer death. ATTENDING MED	22c. DATE SIGNED	7
FUN Tauth	230 BURIAL, CREMATION,	23b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (Sat	e)
5 5 5 2 4 ()	- Burial (Specify)	April 29-69 Green	lawn Cemetery	Williamsport Wash. Mc	l.
VR ADTO	24. FUNERAL DIRECTOR	ADDRES	250 RECD BY	PEGISTRA 969 25 P. TOTOGET BAR SALGNATURE SALE	rd.
45M - 9/69	*lbert L. Le	af Williamsport Md.	date	The state of the s	

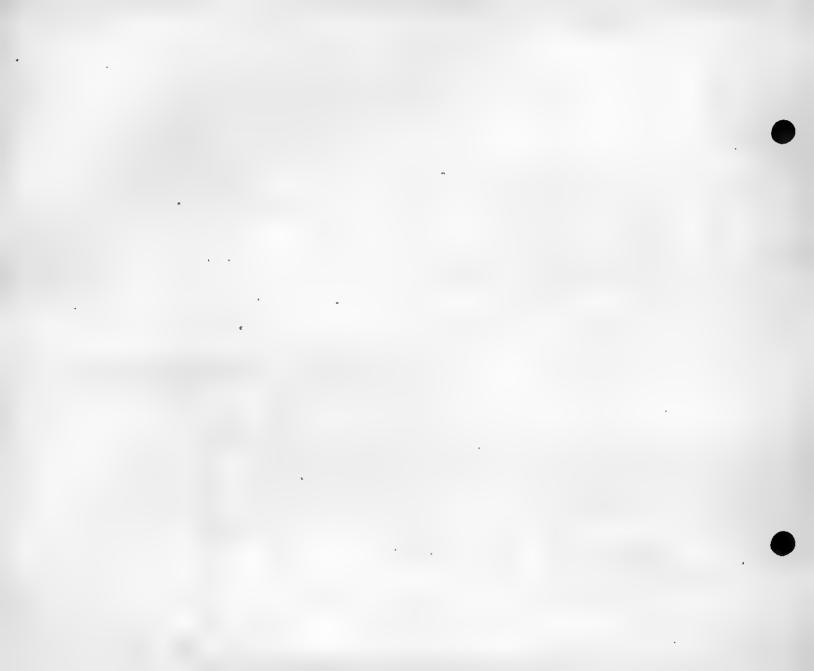


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1	1		06074		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	0.0.00
1			00012		CERTIFICATE OF DEATH		06070
	를 ² 2章		ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	rs after deoth the funerol Poges 1 ond 1 riş after deoth	L	Type or print) Mart	ha Louise	Miller	4 Month 17 Doy	69 Year
	fer fer	3. 5	EX	4 RACE	S. DATE OF BIRTH	6 AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS
	s af		female	white	5-20-1903	6 lost birthdey)	MONTHS DAYS HOURS MAN
	I haurs	70		76 CITIZEN OF WHAT COUNTRY?	8. MARRIED REVER MARRIED	9 COUNTY OF DEATH	
	PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after deoth he hospital or ottending physician. The lowest property of the burial by the ottending physician and completely filled in by the funeral his certificate has been signed by the ottending physician and completely filled in by the funeral stacked for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 Dept. of Health prior to burial, crematian, or removal, and in any event, within 2 hours after death.	(00	ntry) Md.	USA	WIDOWED DIVORCED	Washington	n wa
	· · · · · · · · · · · · · · · · · · ·	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (IF not in hospital 120 USUA	. OCCUPATION (Kind of work done	12b KIND OF BUSINESS OF
	completely filled ove carbon pape y event, with the paper y event.		Hagerstown	give street oddress) 328 Centr	al Ave.	ost of working life, even if retired)	Silk mill
	and complete remove cart in ony event,	130		d lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE CITY , A		Odda Mila
	omi ove	Ouir	Md.	Wash.	Hagerstown YES NO	328 Centr	al Ave.
	and com	14.	FATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME FI		lost
	be diriginal		Charles	L. Miller	Glendora	Staubs	
	cian dease and i		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SOCIAL SECURITY		Address	
	2 3 9	L	NO TRINIDALI	216-09-	7856A Charles H	L. H. Miller I	HagerstownMd
		Г	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	at the deoth-ce-		PART I DEATH WAS CAUSED	BY Cardiac			immediaTe
	otte otte serm		41 1	DUE TO, OR AS A CONSEQUENCE OF			
	at a sit p		Conditions, if any, which gove	(b) Autonio	sclerotic Hen	AT Disease	
	tha in. by ron ren		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
	sidic ed ed-ti ol, c		losf	(c)			
	aquires tha physician. signed by burial-tron buriol, crer		PART 2 OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(c)	
	w re ing ing he to	NO.	Nephvosa	clerosis with	azotemia.	HuperTensiel	11
	end end s be s be rior	15	190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO	
	表音音音	CERTIFICAT			YES NO	CAUSES OF DEATH?	
	AN: l or cote or u feol		210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2, 1	tem 18.)
	De	MEDICAL	OR CONTRIBUTING CAUSE OF GEATH (If either, notify medicol exomine	r) HOUR A.M. Month Day Year			
	bing PHYSICIAN: The low requires that the deoth-certifice by the hospital or ottending physician. Her this certificate has been signed by the ottending prays be detached for use as the burial-transit permit Theoph State Dept. of Health prior to burial, crematian, or removal,	×	21d. INJURY OCCURRED 21e P While Not while	LACE OF INJURY (AT HOME FARM, STREET, FAC	CORY.) 21f LOCATION Street or R.F.D. No.	City of Town	County State
	de this		ot work ot work	y office odiality, the			
	by frer be Stat	П	22a I certify that (I) (this	haspital), attended the decease	ed from 12-3, 196	L, to 4-17, 190	, that (I) (we) last
	END bed old the 3	1	saw the deceased ali	ve an 4-6 (1) (we) (did) (did nat) view the	967 and that in (my) (aur) anin	ian death accurred an the dat	le and havr and fram the
	ATT To TO Shou		22b SIGNATURE	(1) (Sve) (aid) (aid Bar) view the	oddy affer death.	1 00 0	ATT CONCE
	J W J		1 Por ()/ 1	De. 11	DEGREE PHYS. ME	T STACE /	DATE SIGNED
	AL O		22d. PHYSICIANS	junes ja	The second		10 0
	mo ERA Fr. p		MAME (Type) Ch av 1	es C. Spender,	11.D. 143-5 Pr	rospect St Hage	erstown, Md.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creasingly and the prior of the prior of burial.	23c	BURIAL, CREMATION, 23b. DA	TE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	P. 9. 4.		DEALOSTAL (CTC.)		Lawn Mem. Park	Hagerstown, M	, ,,
	0	24	FUNERAL DIRECTOR	ADDRESS	250 REC'D BY	REGISTRAR 256 REGISTRARS	SIGNATURE
	VR A15 34		Minnich Funer	al Home Hager	stown, Md. APR 2	1968 Killare	o female
	0 3	-					



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06071 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle 20 DATE KNOWN[7] Month Doy (Type or Print) ESTI-OF RALPH THEODOTE DEATH MATED 4 IF UNDER 1 YEAR IF JNDER 24 HRS 4 RACE 6 AGE (In years 3 SEX S. DATE OF BIRTH 2c. DATE PRONOLNOED DEAD lost berthdey) Month Year MALE WHILE MANCH 24, 1932 he State Depar 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) WIDOWED [DIVORCED [WASHINGTON U.S.A. 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSP, TAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY HAGERSTOWN COOFER in pencil in Item 18. Give h. v. INE Examiner's Office glang death .3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13b COUNTSHIM TON odmission) STATE HAJE STOWN AEZ NO 437 W. CHURCH ST pages land2 14 FATHER'S NAME First Midde IS MOTHER'S MAIDEN NAME Fiest Lost Middle MUPAMA DANTEL The ESA ZICLERLY BRILE 160 WAS DECEASED EVER IN ILS ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** certificate should be executed within (Yes no, or unknown) (If was give wor or dates of survice, 217-28-1210 LOJISE R. MUNDIA 437 W. CHURCH STURFT within APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY "pend ng" Gunskot wound hack IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF C. Carofed Artery rans. Section Conditions, if any, which gove rise to immediate couse (o), writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause Skinal should be farwarded to PART 2. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO V þe 21o EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 3 shauld PRIMARY [2] OR CONTRIBUTING [crematian, CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF NiuRY (At home, form, street, 21f LOCATION Street at R.F.D. No. County State City or Town foctory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK AT WORK Wash Church St Hager-Stown Home 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection . Inquiry . ond in my opinion deoth resulted from Noturol couses . Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 4-24-69 DEPUTY MEDICAL EXAMINER X O FUNE Health DITTO, 111 M.D. 217 WAS L.ST. ADDRESS(Street, city, town, or county) NAME (Type) the 23b. DATE 230. BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) - T-REMOYA+ (Specify) 4-26-69 REST HAVEN JEMETE Y MALERASTOWN WASH. MD. 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Melenna Judas HAGE STOWN, ID.

MAKYLAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
06076 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06072
1. DECEASED-NAME (Type or print) A/DeRF S. Middle Mc(1) SOn 4 Death Spy 6 Year 5.P.
3 SEX Male 4 RACE White S. DATE OF BIRTH CLUBER 14 HOURER 24 HIS MONTHS DAYS HOURS WINDER 19 H
70 BIRTHPLACE (Store or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH VIDOWED DIVORCED V. C. S. N.
10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not inchospital) 120 USUAL OCCUPATION (Kind of work done during more at yorking the own if represent the object of the o
130 USUAL RESIDENCE (Where deceased lived, firstly union, Residence before 13c CITY OR TOWN 13d INSURE CITY LIMITS? 13d STREET AND NUMBER OF 13th State Line YES NO FOR STATE LI
14 FATHER'S NAME FIRST Middle Lost IS MOTHER'S MATDEN NAME FIRST MIDDLE LOST ROLL FOR LOST
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, of for Gittenown) 11 To grow was address of services 215-20-75-44 Mg Wenthy Munary 616
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ### CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
Conditions, if ony, which gove is to immediate cause (a). (b) The second of the cause (b).
stating the underlying couse of the lost. (c) The underlying couse of the und
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)
190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 210, ACCIDENT WAS UNDERLYING 215, TIME OF INVEST. 1216, HOW INITIALLY OCCURRED. (Force online of invitor to Port 1 or Port 2, Item 18.)
G CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Yeor 19 (If either, notify medical examiner) P.M. 19
While Not while of work
220 I certify that (I) (this hospital) attended the deceased from
226. SIGNATURE 226. SIGNATURE ATTENDING DIRECTOR DIRECTOR PHYS DIRECTOR PHYS HE SIGNED 4/4/6 9
220 ADDRESS HAME (Type) Lohn R. MARSh 220 ADDRESS Hagerstown, Md.
230 BUNDAL, CREMATION, 236 DATE 230 MANNE OF CEMETERY OR CREMATORY (23d LOPATION & LY OF TOWN) (County) (Stotes)
24 FULLERAL DIBECTOR PROJECTION CAODRESS 250 RECORV REGISTRAR SIGNATURE JULIE JAIL CAPR 7 1969 (Clorical Julies)



Item5 Film Dayslon of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4/21/69 kk (1607) MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06673 HEALTH DEPT: DECEASED NAME 20 DATE KNOWN Month (Type or Print) 2, and 3 to PM3. Page DEATH MATED TAPRIL 1969 JESSE BENJAMIN MURRAY S DATE OF BIRTH 1889 4 RACE 6 AGE in years IF UNDER 24 HES 2c DATE PRONOUNCED DEAD 2/22/1899 MALE WHITE 1969 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH MARYLAND WIDOWED X DIVORCED [WASHINGTON U.S.A 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress)
WASHINGTON CO. HOSPITAL during most of warking I fe, even if retired) INDUSTRY HAGERSTOWN CARPENTER 130 USUAL RES DENCE (Where deceased I ved, if institution Residence before 13c. CTY OR TOWN 13e STREET AND NUMBER HAGERSTOWN YES IN NO IX RFD #2 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle FRANKLIN MURRAY SUSAN MILLS 16b. SOCIAL SECURITY NO 37 INFORMANT ADDRESS (Yes, no, or unknown) 220 34 0786 WILLIS L. MURRAY RFD #2 HAGERSTOWN. NO APPROX MATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Shock, secondary to chest injury and 3 4 hours. DUE TO, OR AS A CONSEQUENCE OF Multiple factures of ribs. Canditions, if ony, which gave (b) fracture right femur and left humerus. rise to immediate couse (o). writing the word should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse certificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO X 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, fem 18) 3 should PRIMARY OR CONTRIBUTING F Hit by car on road 4/8/1969 CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF NURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town (ounty State foctory, office building, etc.) WHILE AT WORK AT WORK Route #40, West, Washington, Maryland Highway 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry , and in my apinian death resulted fram: Natural causes . Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MED CAL EXAMINER DEPUTY MEDICAL EXAMINER 😓 4/10/69 5 may ro FUNE Health Howard N. Weeks, M. D., 580 Northern J. Avergy Hagerstown, Md. 23c NAME OF CEMETERY OF BRINGOESK 23g BURIAL, CREMATION, 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) BIG POOL WASH. PARKHEAD E.U.B. MD. BURLAL 2So REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR HANCOCK, MD. VR A 15ME (5) 1969

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MARYLAND STATE DEPARTMENT OF HEALTH	
06078 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06074
CERTIFICATE OF DEATH	
1 DECEASED NAME First Middle Lost 2a, DATE OF DEATH (Type or print) Day,	2b. HOUR
CECELIA HYACINTHE PIERS APRIL 2	1707 7 1 OAM
3. SEX FEMALE WHITE S DATE OF BIRTH 6. AGE (In years last guilladay) 785.	35 UNDER YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN
(70 BIRTHPLACE (Stote or foreign Country) AUSTRIA U.S.A. WIDOWED DIVORCED WASHINGTON	
AUSTRIA U.S.A. WIDOWED DIVORCED WASHINGTON 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done	Md. 12b KIND OF BUSINESS OR
HAGERSTOWN WASHIGTON CO. HOSPITA Couring HOUSEWIFE ven if retired)	INDUSTRIBLE OF BUSINESS OK
130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. WASHINGTON HAGERSTOWN YES NO 47 W. WIIS	ON BLVD.
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
MITTER LANDER ANNE MAR IE	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address 16.	RSTOWN
Yes, no ocunknown) (Il yes give wor or dores of service) 1+9-05-7211A MRS. DELLA R. EEIGLEY	MD.
18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN DINSET AND DEATH
PART I DEATH WAS CALSED BY	ATH ROUGH
IMMEDIATE CAUSE (a) CA GALLACE TO THE TOTAL TOTA	21 Marie
Canditions, if ony, which gave) DUE TO, OR AS A CONSCOUENCE OF Canditions, if ony, which gave)	
rise to immediate couse (a).	
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE-TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
TAKE 2 CLASS SIGNIFICANT CONDITIONS CONTINUOUS TO DEATH BUT NOT RELATED TO THE PERMITTAL DISEASE OR CONDITION GIVEN IN TAKE I(d)	
190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CO	ONCIDEDED IN CEPTIFYING
190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 210 ACC DENT WAS UNDERLYING 21b TIME OF INJURY 22th HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2.1	ORDIDEKTO III CEKIII LIIIO
270 ACC DENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, 1	101
	ISIL IO
OR CONTRIBUTING CAUSE OF PEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 19 2.1d INVIDEN OF CHERRED 12 is PLACE OF INVIDEN A HOME, FARM STREET, FACTORY 1, 215 10 CATHON Street of R.E.D. Ma. (Tw. pr. Town)	
21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. (ty or Town While No.) No. (ty or Town	County State
at work at work	- C
220 i certify that (I) (this haspital), attended the deceased fram (1) (1) (aur) apinion death occurred an the da	that (I) (we) last
causes stated above, (1) (we) (did) (did nat) view the body after death.	re and nour and train the
225 SIGNATURE 226	DATE SIGNED
ATTENDING MED STAFF	nil 3 1969
22e ADDRESS 22e. ADDRESS	24 2/161
	341 03 540
NAME (Type) Prancisco E. Resillo 580 Northern Ave., Hagersto	wn, Ma, 21740
7. Flancisco I. Registo Doo Not their Ave., magersto	
23a BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
J. Flancisco I. Regillo 000 Nollhell Ave., magersto	(Caunty) (State)





06080 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06076 Lost DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. (Type or print) Nihiser 8:35P M Lottie April G. tely filled in by the fur Than papers. Pages t 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS AGE (In years MONTHS | DAYS HOURS lost birthday) Jan. 11. 1874 White OC Female To. BIRTHP, ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [] NEVER MARRIED country) DIVORCED [WIDOWED T 6mp etely filled in Keedysville, Md. Washington 12a USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired) give street address) INDUSTRY Boonsboro Fahrney-Keedy Mem. Home Housewife Own Home event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 138 INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY Washington YES 🗔 No C 811 Mulberry Ave Maryland Hagerstown 14 FATHERS NAME Middle signed by the attending physician and or burial-transit permit. Then please rembural, crematian, ar removal, and in any First M+dale Last 15. MOTHER'S MAIDEN NAME First Jacob Clementine Keedy Eavev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 1702 Cathedral Ave. Yes, no, or unknown) (If yes give war or dates of service) 213-48-7016 Mrs. Edward W. Ditto. Jr. Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (R) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave ! rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CALISES OF DEATH? YES [NO 🗷 21a ACCIDENT WAS UNDERLYING 1215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) O HOSPITAL OR AFTENDING PHYSICIAN Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21F LOCATION STREET OF R.F.D. No. City or Town County Stote While Not while at work 22a I certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) apınıan death occurred an the date and haur and fram the saw the deceased alive an causes stated abave, (1) (we) (did) (did-not) view the bady after death 22c DATE SIGNED 22b. SIGNATURE DIRECTOR PHYS 22e ADDRESS 22d PHYSIC ANS 23d LOCATION (City or Town) 23a BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 4- 12- 69 Fairview Cemetery Keedysville, Wash. Co., ADDRESS 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro, McAAR

MAKYLAND STATE DEPAKIMENT OF HEALTH



- 1				DEPARTMENT OF HI		
	06081	DIVISION OF VITAL		RESTON STREET, BALTIN CATE OF DEATH	MORE, MARYLAND 21201	06077
	CEASED NAME First (Pe or print) P]	EARL RO		REED	20 DATE OF DEATH Manth Day April 16	Year 220 M
3. SEX	Female	4. RACE Whit			6 AGE (in yeors last birthagy) 68 YRS	FUNDER I YEAR IF JINDER 24 HRS. MONTHS DAYS HOLES MIN
caunt	Maryland	76 CITIZEN OF WHAT COULD	WIDOWED	DIVORCED _	COUNTY OF DEATH	Md
	TY OR TOWN OF DEATH Hagerstown	give street ad	ospital or institution (if dress) ngton Co.	Hospital during mas	OCCUPATION (Kind of work done st of working I fe, even f retired)	12b KIND OF BUSINESS OR INDUSTRY Home
admis	SUAL RESIDENCE (Where decease sign) STATE	d lived, if institution Resi	DELICE DEIDIE 127 FILL OF	stown YES NO	136 STREET WAY MANAGER	ighway
	H enry E.	M ddle	Lost	MOTHER'S MA DEN NAME Fire	st Mrddle Atherton	Lost
	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SO	CIAL SECURITY NO. 17	Roy H. Reed	800 Dual High	nway
	18 CAUSE OF DEATH (Enter only	one cause per line for (a) (b) and (c))	bdominal metas		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 months
	Canditions, flony, which gove prise to immediate couse (a),	DUE TO, OR AS A COM (b) Hyper	nephroma of	right kidney		unknown
	stoling the underlying cause last.	DUE TO, OR AS A COM				
		nd Atherosc	lerotis Hear	t Disease. Ar	rthritis, degener	
TIFICA		ONDITION FOR WHICH OPER	AATION WAS PERFORMED	20o. AUTOPSY? YES ☐ NO 🏝	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
Ι₹	2To. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical exomini	HOUR A.M. Month	Doy Yeor	OW INJURY OCCURRED (Enter r	noture of injury in Port 1 or Port 2, It	rem 18)
	21d MJJRY OCCURRED 21e. F	PLACE OF INJURY (AT HOME OFFICE BI	FARM, STREET FACTORY.) 21F L	OCATION Street or RFD No.	City or Tawn	County State
	22a. I certify that (1) (This saw the deceased all causes stated abave,	ीवडकॉर्गकी) attended ve an Apr 15 (i) अप्रेंग जिल ी (did na	the deceased from	Feb 1619t d that in (my) (石田) apini death.	59, ta Apr 16 , 196 ian death accurred an the dat	e and haur and from the
	22b SICHATURE	Former, m.	L. DEG		22c D	TATE SIGNED 18 1969
	22d PASICIANS NAME (Type)William				tietam Street, Ha	igerstown, Md.
	BURIAL, (REMATION, 23b DI REMOVAL (Specify) 4	/18/69		1 Cemetery	23d LOCATION (Cry or Town) Hagerstown W	
24 F A I	UNERAL DRECTOR Hager ndrew K.Coff	stown Md man Funera	ADDRESS Home In	250. REC D BY		SIGNATURE :

_				STATE DEPARTMENT			
X	00000	DIVISION (101 W. PRESTON STREET,		AND 21201	06078
	-06082		CI	ERTIFICATE OF DEA	TH		00010
£ _ 7 £	T. DECEASED NAME	First	Middle	Lost	20 DATE OF DEA	TH	2b HOUR
eat and a state of the state of	(Type or print)	William	Howard	Remsburg	Apri	Month Pox	1989 4:50A M
in EA	3. SEX	4. RACE		S DATE OF BIRTH	6	AGE (In years	IF UNDER I YEAR IF JINDER 24 HRS.
# (# # # #	Male	Whi	te	Nov. 14,	1886	AGE (In years min years birthdoy) Min Min years	DNTHS DAYS HOURS MIN.
S In S	7a BIRTHPLACE (State or			8 MARRIED NEVER MARRIED			
executed within 24 haurs after death de completely filled in by the Lineral amove carbon papers. I again any event, within 72 haus of the death	Sharpsburg	Md. U.S.		WIDOWED DIVORCED	J		Md
hin 24 filled in paper ithin 72	TO CITY OR TOWN OF DE	ATH [1]	NAME OF HOSPITAL OR INST	TUTION (If not in hospital 12d	HISIAL OCCUPATION (KIN	d of work done	12b KIND OF BUSINESS OR
cecuted within 24 completely filled in nave carbon paper by event, within 72	Hagerstown	2 8	ye street address) Vashington Co	. Hospital	ring most of working life,	even if retired.)	INDUSTRY Farming
od v	130. USUAL RESIDENCE (V	there deceased fived, if inst	tution. Res dence before	13c CITY OR TOWN 13d INSIG	DE CHY LIMITS? 13e STREET	AND NUMBER	
cut cut	odmission) STATE Maryland	136. CUMI	hington	(eedysville YES	NO 9 N	Main St.	
e execute and comp	14. FATHER'S NAME	First Middle	e Lost	IS. MOTHER'S MAIDEN N	AME First	Middle	Lost
Tie a	Hi	Leks	Remsburg	A.	lice	N	licodemus
ertificate be physician cen please aval, and it	160. WAS DECEASED EVER	IN U.S. ARMED FORCES? [(If yes give war or dates of service)	16b. SOCIAL SECURITY NO		11	O Chidren	ATTO
를 찾음을 기계 등 기계 등	Yes, no, or unknown)	(11 kaz disa eszi al aduas di sessital	214-36-2291	Mrs. Saraja	ne Young, Ha	gerstown.	_Md.
G E Cer		TH (Enter only one couse pe	r +ne for (a), (b)_and (c).)	1 11:00	1		APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
he death ce attending I permit. The	PART I DEATH	WAS CAUSED BY IMMEDIATE CAUSE (o) _	Ceol	Eleral Ch	rallos		2 ulso
offer offer on, c	inf .	4	OR AS A CONSEQUENCE OF	1 1 4		<i>f</i>	
the the ation	Conditions, if ony,	which gave)	CONO	him are	mester.		my
hat n. yy ti ans	rise to immediate stating the underl		OR AS A CONSEQUENCE OF	2: 4 2		0	
ENDING PHYSICIAN: The law requires that the death certificate be executed to be the haspital ar attending physician. R: After this certificate has been signed by the attending physician and complete uld be detached far use as the burial-transit permit. Then please remave carbite State Dept. af Health prior ta burial, cremation, ar remaval, and in any event,	lost	ying coose	Lever	Augel Ce	Menos	leve	lyley
physign sign surice sur	PART 2 OTHER SIG	NIFICANT COND TIONS CONTR	BUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART I(o)	- //
tw redding seen the sortal	= /LLA	w home	inleging				V
The law ratending attending has been se as the h prior ta	190. DATE OF OPERAL	ION 196 CONDITION FOR	WALCH OPERATION WAS PERF	ORMED 20e. AUTOPSY?			ISIDERED IN CERTIFYING
The ir after the has a lith p	Jar I			YES 🔲	NO CAUSES OF	DEATH?	
ar are are		UNDERLYING 216 TIM	E OF INJURY	21c HOW INJURY OCCURRED	Enter noture of injury in	Port ☐ or Port 2, Ite	m 18.)
CIA Figure 1	OR CONTRIBUTING [CAUSE OF DEATH HOUR A.	M. Month Day Year M. 19				
JING PHYSICIAN: The by the haspital are free this certificate be detached for us State Dept. of Health		RED 21a, PLACE OF INJUI		ORY.) 21f LOCATION Street or R F	.D No. City or 1	own	County State
he h	While Not while at work of work		E DELLECE BOUNDED ELC	Ban I	100 1	-	
ING by t ter ter tate	22g 1 certify t	hat (I) (this basnital) a	attended the deceases	term -	1947 , to 19	19_	, that (I) (we) last
ND Sed by Se See See See See See See See See See					r) apinian death accu	irred an the date	e and haur and from the
A Sub-th-	22 SIGNATURE	ted abave, (I) (we) (d	a) taka aar) view the b	day after death.		1 00. 04	Tr ciouso
OR ATTENE be retained JIRECTOR: A e 3 should ed with the	229 SIGNAZUKE	110 11 1	Buch	DEGREE PHYS	MED ST	AFF U 14	TE SIGNED
o d d d d d d d d d d d d d d d d d d d	22d. PHYSICIAN'S	0000 110	1	22e, ADDRESS	P DIRECTOR CO PI	115 - 177	- period
RAIL Per	NAME (Type)	Richard T.	Binford, M.		otomac Ave.	Hagereta	wn Md.
TO HOSPITAL OR ATTENDING Page 4 may be retained by the Control of FUNERAL DIRECTOR: After director, page 3 should be described by the State of the S	230 BURIAL, CREMATION			EMETERY OR CREMATORY	23d. LOCATION (C		(County) (State)
oage dire	BEMOVAL (Specify)	4- 15- 6		ille Cemetery			1. Co., Md.
7 7	24 FUNERAL DIRECTOR	1 4- 15- 0	ADDRESS	250. I	READ-BY REGISTRAR	25b. REGISTRAS S	MAIL BANK BELL
VR A15 (0)		st. Jr. 112 N		Boonsboro, Milait	JAK T 6 1999		U
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7_1	06	083		DIVISION OF V	ITAL RECORDS,	301 W. PRE CERTIFICA			RE, MARYLAND	21201	060	73
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te death certificate be executed within 24 haurs after death attending physician and completely filled in by the funeral permit. Then please remove carbon papers. Peges and 2 lon, or removal, and in any event, within 72 hours after death.	(Type or p	int) Az	nna	G	race	Re	ynolds		Aoral	th 200y	1969	
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	country)	ryland	d	USA		WIDOWED			Washingt	ton		Ma
		OWN OF DEATH		11 NAM	E OF HOSPITAL OR IN	STITUTION (If nat	n haspital	12a USUAL OC	CUPATION (Kind of	wark dane	12b. KIND OF	BUSINESS OR
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. 1	odmission)	Maryla Maryla	and.	13b. COUNTY Na	shington	Smiths	burg YE	ES NO 🖳	RFD.	# 2		
1	14. FATHER'S	NAME Fir	rst	Middle	Lost	15. (NOTHER'S MAIDE	N NAME First		Middle		Last
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		EASED EVER IN unknawn)		or dates of service)	66, SOCIAL SECURITY		ORMANT			Address		
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burial, cremation, or removal, and in any	/			DUE TO, OR AS	A CONSEQUENCE OF		7					
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		IDENT WAS U	JNDERLYING		NJURY	21c HOW			re of injury in Part	L or Part 2,	Item 18.)	
		ITRIBUTING CO			Month Day Year						•	
	21d 1N	IIRY OCCURRE	D 21e P	TACE OF INTERPLE	T HOME FARM, STREET, FA FFICE BUILDING, ETC.		TION Street or	r R.F.D. No.	City or Town		County	State
	at work	Of work	□	(0	FRICE BUILDING, ETC.	1 0	. / ,	,	,	1 .	,	
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	22d, PH	YSICIAN'S		, V UNV		// ///	22e. ADDRES		VK — FI113.		July 1	7/-/-0/
1	N/	ME (Type)	(5	Uch	2. Van	R.A		13000	done	\ \	ma	1
	23o BURIAL,	CREMATION,	23b D/			CEMETERY OR CE	EMATORY	230	L LOCATION (City o		(County)	(State)
1	REMOTY	4 154 til	Ma	y 2 1969		burg Ce	emetery		Smithsh	ourg W	Vash.	Md.
	24. FUNERAL				ADDRESS			a. REC'D BY REC	GISTRAR 25b.	REGISTRAR S	SIGNATURE	
1	M:	nnich	Fune	ral Home	Smithsb	urg Md.	D	ATE MAY	5 1969	Elio	welly you	de gla



MAKTLAND STATE DEPAKTMENT OF HEALTH



		06085	DIVISION OF VITAL RECORDS,		TON STREE			101	060	81
ours after death. by the funeral Pages i and 2 purs after death.	1, D (1	CEASED NAME First ype or print) HOLDES	Middle E -LESTON COL	and t	lost ISSTIL		DATE OF DEATH Month	Doy _	17 Year 69	2b. HOUR 5: 15 MF
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haurs Frours Popus		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED		0 9. COL	INTY OF DEATH	183		
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camplete ave cark	odm	ssion) STATE	ed lived, if institution, Residence before 13b COUNTY A P100.1	13c. CITY OR TO	ONE Y	INSIDE CITY LIMITS?	13e, STREET AND NUME	er A.D	VAY	
h and	14	ATHER'S NAME First JOF 19	Middle Lost WII LIAM USSE		OTHER'S MAID	en name First Makt	Mid Fi A	idle	LUP	losi TON
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Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages, Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within the state death.	NO	PART 1. DEATH WAS CAUSED IMMEDIA Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (b) Arterioscl DUE TO, OR AS A CONSEQUENCE OF (c) IDITIONS CONTRIBUTING TO DEATH BUT NO	s erotic C	IE TERMINAL D	ISEASE OR CONDITI	ON GIVEN IN PART 1(o)		APPROXIMA STIVEN ONS LI day	T AND DEATH
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this certification of the cert	MEDICAL	While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET, FAR OFFICE BUILDING, ETC.	TORY.) 21f EOCAT			City or Town		County	State
etained by the CTOR: After the State distributed be de distributed be de distributed by the State distributed by the Stat			is Abspital) attended the decease live on April 15, e, (I) (we) (Ind) (did not) view the	ed fram Ju] 969 , and the bady after dec	onot in (my) oth.	, 19_66, (&vr) apinion (deoth occurred on t			l) (we) last ad from the
AL ON A ay be retr AL DIRECT page 3 sh filed with		22b. SIGNATURE E. W. DT. 22d. PHYSICIAN'S	The South	DEGREE	ATTENDING PHYS 220. ADDRES			Apr		1959
FUNERA IN INCIDENTAL I	230	NAME (Type) F. W. BURIAL, CREMATION 23b. REMOVAL (Specify)		CEMETERY OR CRI	EMATORY	23d.	VASHII. FTO.I LOCATION (City or Town		ET (County)	(Stote)
VR A15 (4) 30M REV 1/68	24	ELMERAL DIRECTOR	ADDRESS	. HILL C	25	SO REC'D BY REGI		STRAR S SI		JA.

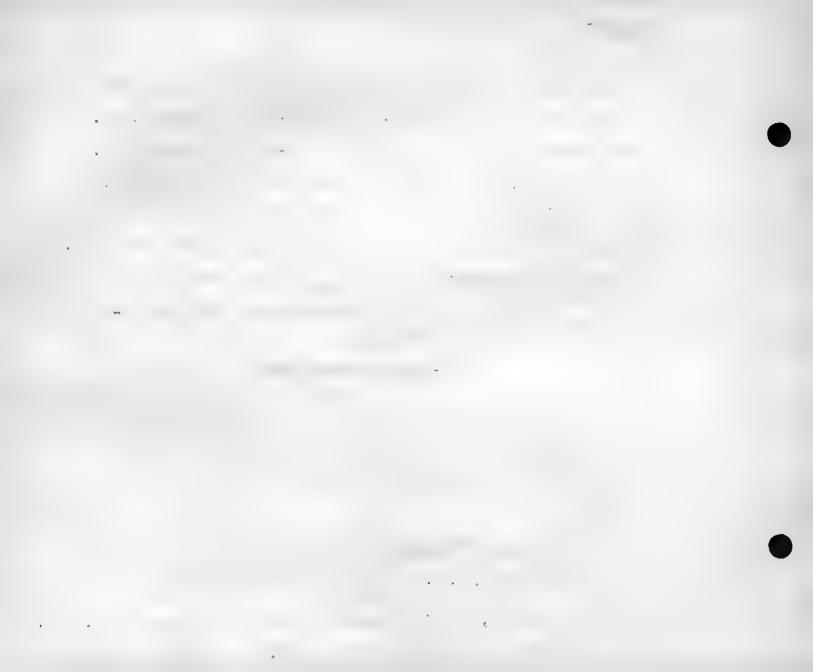


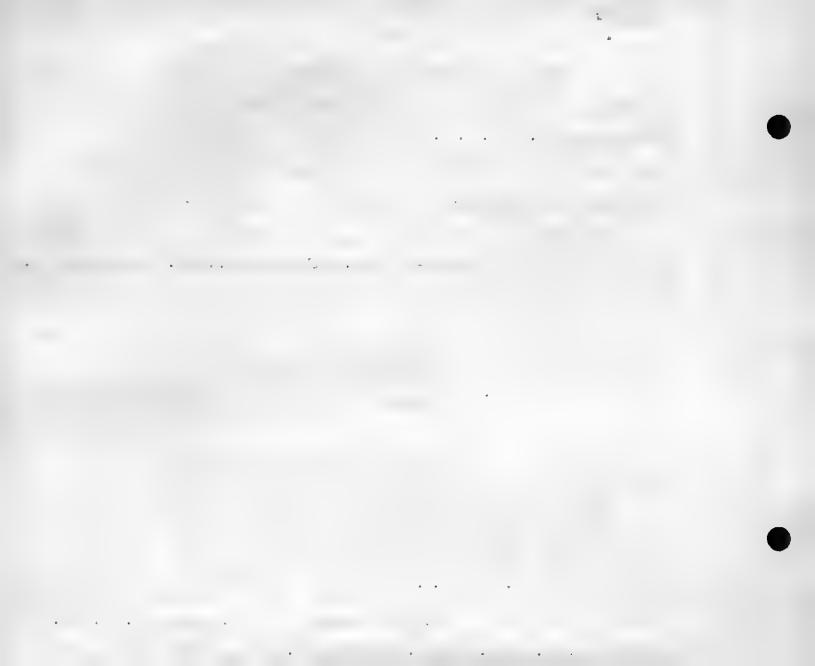
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06086 06082 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Sensenbaugh John Weslev ApriMonth 1.969 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF JNDER 1 YEAR IE UNDER 24 HRS in by the last birthday) HOLDS Male White October 18, 1905 ban papers. Pag w thin 72 haurs 7b CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 8 MARRIED XX NEVER MARRIED country) USA Maryland WIDOWED [77] DIVORCED completely filled in WAshington 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 2417 Virginia Ave. during most of working life-even if retired) Garago Hagerstown 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM-TS? 13e STREET AND NUMBER remove YES 2417 Virginia Ave. Hagerstown TO TIMERAL DIRECTOR: After this certificate has been signed by the attending physician and conditioning director, page 3 shauld be detached far use as the burial-transit permit. Then please refreshape should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any 14. FATHER'S NAME IS MOTHER S MAIDEN NAME First First Middle Lost. Schrader Daniel Thomas Sensenbaugh Dessie o WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown) | (II yes give wor or dates of service) 21.8–22–0672 16g WAS DECEASED EVER IN ILS. ARMED FORCES? 17 INFORMANT 2417 Advarginia Ave. Mrs. Lurena Senserbaugh Hagerstown, ind. 1B. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c) PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Primary Amy BETWEEN ONSET AND DEATH Primary Amyloidosis 5% yrs DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Atherosclerosis. Cerebral & Generalized. Bilateral Cataracts. Glaucoma. Degenerative Arthritis. 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Dq. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO TX 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspitol) attended the deceased from Dec 11 , 19 69, to Apr 21 , 19 69 , that (IF we) last saw the deceased oliveron Apr 14 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the earliest stated abave (IF (we) (did) this metric with body after death. 22c DATE SIGNED ATTENDING STAFF PHYS. Apr 21 1969 DEGREE PHYS DIRECTOR 22e. ADDRESS 301 E. Antietam St. Hagerstown, Md. 21740 (Type) William T. Layman, M.D. 23a BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) April 23, 1969 Manor Cometery Near Tilshmanton, Wash 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR Muzuley Ymage Albert L. Leaf Williamsport, Maryland



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
. 6	06087 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	883
physician and campletely filled in by the funeral then please remove carbon papers. Sugest and 2 mayal, and in any event, within 72 pours other death	1 PLACE OF DEATH O. COUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution Residence of County Washington Maryland Washington)	ton
S. Baes	b. CITY OR TOWN (If autside corporate limits, write RURAL and give hards town) Hagers town d. NAME OF HOSPIAL OR INSTITUTION (If not in haspital, give street address) c. LENGTH OF STAY IN 1b C CITY OR TOWN (If autside corporate limits, write RURAL and give RFD-2 Williamsport, Md.	,
campletely filled in lave carban paper y event, within 72	Washington County RFD-2 Williamsport, Md.	ON A FARM?
×	3 NAME OF DECEASED (Type or print) Philip Archie Shirley DEATH April 1.	Day Year 19 69
iny eve	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X 8 DATE OF BIRTH 9 AGE (n years lost birthday) Months Months yrs.	
please remave car	during most of working life, even if retired) INDUSTRY Washington, Maryland U.S.	TZEN OF WHAT UNTRY?
en DVD	13. FATHER'S NAME Archie Glenn Shirley Mary Ann Nave	
mit. It or rem	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Archie Glenn Shirley RD-2	Williams.
burial, trematian, or remi	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Prevaluable	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO (b) Alruption places TRA (c)	
11	PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
1	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part I at item 18)	
	Continue of State o	
	saw the deceased alive an19, and that death occurred atM, from causes and on th	
Ted with the	M.D. PHYS. MED. AFTENDING DIRECTOR PHYS. 4/	TE SIGNED 2/69
should be filed	NAME (Type) John D. Turco, M. D. 363 South Cleveland Avenue	
	Burra April 3, 69 Pinesburg Mennonite Pinesburg Wash	(Caunty) (State)
3.5	Thompson Funeral Home Clear Spring MARR 8 1969 Clearles	







. 1				MINICIONI OF			EPAKIMENI OF				
'	(16090		NIAI2ION OF			TE OF DEATH		MARYLAND 21201	0608	6
£ _ 2,£		EASED NAME	First	-	Middle		Last	2a. D/	ATE OF DEATH		2b. HOUR
within 24 hours after death, tely filled in by the Lineral ban papers. Peggar and 2, within 72 hours and death,	{1 _}	rpe ar print)	Charl	es	Beckley	St	ine		April Month 7,	Day 1969	5:00PM
5 (F)	3 SE)	(4 RACE		S.	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS J DAYS	IF UNDER 24 HRS.
£ 25	1	Male		White		1	March 27,	1875	lost birthday)	RS. MONTHS DAYS	HOURS IMM.
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filled in paper thin 72	10. Cl	TY OR TOWN OF DEA	TH	11 N/	AME OF HOSPITAL OR IT	ISTITUTION (If not i	n hospital 12a US	MAL OCCUP	ATION (Kind of work do	ne 126 KIND OF	BUSINESS OR
and completely filled remave carban pape in any event, within 7.		phrersvil		R	street oddress)		L		orking life, even if retired	State Ro	ads Dept
cor	13a l admis	JSUAL RES DENCE (W sion) STATE	here deceased	Llived, filnstitut Llish COUNTY	ian Residence before		wre C	NC [3e. STREET AND NUMBER		
any ev		Sign) STATE Mary Land		13b. COUNTY Wash:		Rohrer	ATTTE	X	Rfd. 1		
E ,	14. F/		irst	Middle	Last	15. N	LOTHER'S MAIDEN NAME		Middle		Lost
đ.	17	Lawso		D EODEFIG	Stine 16b. SOCIAL SECURITY	NO IN DIE	Ani DRMANT	18	4 1 A	Lumb	ach
	Ye	WAS DECEASED EVER is, no, or unknown)		or dates all service)					Address		20.2
	No				220-10-3		M. Mae Ho	orine	Rfd. 1,Rol	APPROXI	IMATE INTERVAL
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, a		11 -	IMMEDIATE	CAUSE (a)	Seculety		genera	yu~	ana	ective +	
for use as the burial-transit permit. Then please Health priar to burial, cremation, ar remaval, and		Conditions, if any,	hich gave)	DUE TO, OR A	AS A CONSEQUENCE OF						
DU S		rise to immediate	ause (o),	(b)	AS A CONSEQUENCE OF				· · ·		
		stating the underly last.	ing cause	(c)	a a consequence of						
		PART 2. OTHER SIGN	IFICANT COND		TING TO DEATH BUT	IOT RELATED TO T	HE TERMINAL DISEASE O	RCONDITION	GIVEN IN PART 1(o)		
	=	Re	luch	ta,							
,	CERTIFICATION	190 DATE OF OPERAT	ON 19b. CC	ND WON FOR WH	ICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDING	GS CONSIDERED IN C	ERTIFYING
1	STIFIC			V			YES NO [ם ['	CAUSES OF DEATH?		
		210 ACCIDENT WAS	UNDERLYING	216 TIME OF HOUR A.M.	F INJURY Manth Doy Yeo		INJURY OCCURRED (En	iter nature o	of musy in Part 1 or Part	2, Item 18}	
	۱ă.	(If either, notify me	dicol examine	r) P.M.	,	19					
		21d. INJURY OCCUR White Nat while at work of work	RED 21e. Pi	LACE OF INJURY	(AT HOME, FARM, STREET F OFFICE BUILDING, ETC.	ACTORY.) 21f LOCA	TION Street or R.F.D. I	No.	City or Town	County	State
		22n Leastify to	at (I) (this	hospital) otto	engled the deceo	ed from.	≥/ 2 / ,19	68 , 1	0 4 17	19.69 , that	(I) (we) last
		saw the de	ceased all	ve on	14	19 6 L, and t	hat in (my) (our) o	pinion de	eath accurred an the	dote and hour	ond fram the
		causes sta 22b SiGNATURE	ed abave,	(i) (we) (did)	(did not) view the	bady offer de	orn.				
3		ZZE SIGNATURE	OD	1 . 41	us in	DEGREE	ATTENDING PHYS	DIRECTOR	STAFF C	2c. DATE SIGNED	
		22d PHYSICIAN S	1	0		DEGREE	22e ADDRESS	DIRECTOR	rnis, —	F19/31	
		NAME (Sypa)	12.	amar	11/0		Sha	rps	burg, W	la 21	782
	23 a	BURIAL, CREMATION,	23b DA	NTE .	23c NAME O	CEMETERY OR CR	EMATORY	23d L	OCATION (City or Town)	(County)	(State)
	1	BUT LAL	4-	10- 69			Cemetery]]	Locust Grove		Co., Md.
0		UNERAL DIRECTOR	A 7.	440.37	ADDRES			BY REGIST	a colo di	AR'S SIGNATURE	4.
1	10	nn H. Bas	t, Jr.	112 N.	Main St.	poonspo	ro, MaapR	101	969 Milion	eley years	~



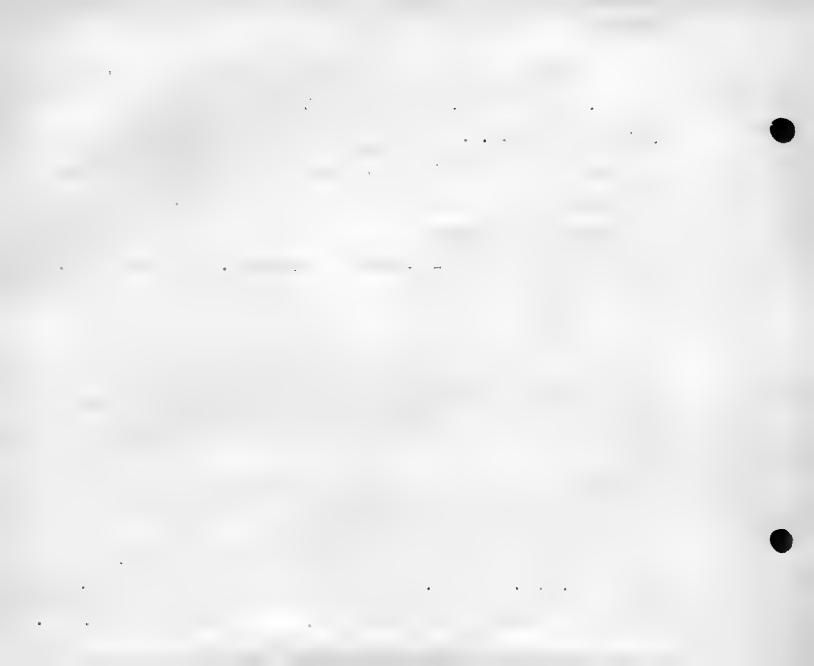
1		06091 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED-NAME First Middle Last 20 DATE KNOWN Month Day Year 26 HOUR You of Print)
Page		THEL TIOTLER DEATH MATED 4 2 1957 8 AM
	3. SI	net hothered MANUTES DAVE SIGNED MISS
2, and points	72	ALE WHOTE COUT 29/9/2 56 YRS MARRIED NEVER MARRIED P 9 COUNTY OF DEATH AND WHOTE COUNTRY? 8 MARRIED NEVER MARRIED P 9 COUNTY OF DEATH
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Poge Poge	10, 0	OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
Give Poges ong with faith the core		GERSTOWN give street address) b. during most of working life, even if retired.) INDUSTRY.
hin 24 hours offer notil in Item 18. Giv niner's Office olong pages I amd 2 with hours offer death.		USLA. RESIDENCE (Where decreased lived, if Institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13th COUNTY
hice free	14 F	ATHER'S NAME FIRST Middle Lost ISMOTHER'S MAIDEN NAME FIRST Middle Lost
4 hour Hem S Office		ROBERT W. STOTZER SARAH E. STOTZER
hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 95, 100, 87 WIRTOWN) (If yes give wor or dotes of service)
l with n pen Exom File p	(1	NO MES (CUTSEY MASON DERRILLY SPRINGS, WE'M.
should be executed with word "pending" in per the Chief Med cal Exonural-transit permit. File in any event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY. APPROX.MATE INTERVAL BETWEEN DISCT AND DEATH
xecu ding fled of		IMMEDIATE CAUSE (0) DRULTER COCETOTICE CRTT CEUN YOU -
pen ief A		Conditions, if any, which gave) (b) (3272/2) + OCCipital Cobes = Harrie 6 days
ord brid brid brid brid brid brid brid br		rise to immediate cause (o), stating the underlying cause DuE 10, OR AS A CONSEQUENCE OF
should be executed he word "pending" is to the Chief Med cal burnal-transit permit.		lost. (1) Subduzil + epidural Harranhaye
INER: This certificate should be executed within 24 hours ofter death e certificate, writing the word "pending" in pencil in Item 18. Give Pags should be forwarded to the Chief Med cal Examiner's Office olong with files. 3 should be used ≡s a bunal-transit permit. File pages 1 a≡d 2 with the transition, or removal, and in any event within 72 hours offer death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
rtific rritin vard	NOS	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
his certitote, write forwal be used removo	CERTIFICATION	3/31/69 WAS PERFORMED? GUNSANT WOULD OF HEAD
#= <u>Q</u>	CERT	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 18)
INER: T e certific should b files. 3 should artion, or	MEDICAL	PRIMARY FOR CONTRIBUTING HOLB ANT 3/27/1969 Self wiflicted gurshot wound of Hand
	M	2 d IN. JRY OCCURRED 21e PLACE OF INJRY (At home, farm, street, at work I hat work I had been street or RFD No City or Town County William I had
bical EXAM leose execute the director. Poge 4 stoined for your stoined for your liteCTOR: Poge r to burial, crem		22a. I certify that I taak charge of the remains described abave, held an Autapsy I Inspection To Inquiry I and in my apinian
TY SICAL E. y, pleose executed director. Pogue ratoined for year ratoined for year IRECTOR: Prior to buriel,		death resulted from Natural causes , Accident , Suicide , Hamicide , Jndetermined manner .
director.		CHIEF MEDICAL EXAMINER
		SIGNATURE CLUBE WAS STORED MD ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED
		EXAMINER'S DEPUTY MEDICAL EXAMINER 2 217 W. WASHINGTON ST.
O DEPUTY necessory, the funero 5 may be 0 IENIRA Health pr	230	NAME (Type) EDWARD W. DITTO, III, M.D. ADDRESS(Street, city, town, or county) HAGERSTOWN. MARYLAND BUR AL, CREMAT ON, 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or ID-wn) (County), (Style)
	/-	REMOVAL (Specify) 4-4-69 OAKLAND BERKELEY SPRACES, W. D.
	24.	FUNERAL DIRECTOR 250. REC D BY REGISTRAR 250. REGISTRAR S SIGNATURE
VR A15ME (5) 10M REV 3768	/	VML- Herter BERKELEY PRINCE W/ DATE APR 7 1969 golvarles Judge



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0	1	06092	DIVISION OF	VITAL RECORDS, 3	01 W. PRESTO	N STREET, BALTI	MORE, MARY	LAND 21201		
		00002		CE	RTIFICATE	OF DEATH			060	8.2
h. 12		FCEASED NAME First		Middle	Los	SP .	2o. DATE OF D	EATH	000	2b. HQAJR
deoth. nerol ond 2 deoth.	-{	ype or print) ANNA	MARY	LAVINIA	STOU	FFER	Λ	ril 14 Day	969 eor	9920 M
equires that the death certificate be executed within 24 hours after death physician. signed by the ottending physician and completely filled in by me functal burial-transit permit. Then please remove carbon papers. Bages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death	3 5		4. RACE	2114 211 211		E OF BIRTH		AGE (in years	IF LHDER I YEAR	IF JHOER 24 HRS
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om om	OSIII	Maryland	Wash	ington Ha	gerstew	n YESKAK NO	304	Notting:	ham Rd	
ony ony	14	ATHER'S NAME First	M.ddle	Lost	15 MOTH	ER S MAIDEN NAME FI		Middle		Lost
be ex		Samuel La	k e			Sama	h Metc	alf		
and sign	160.	WAS DECEASED EVER IN U.S. ARM	AED FORCES?	16b SOCIAL SECURITY NO.	17 INFORMA			Address		
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e death tertificate by other ding physician operate. Then please on, or removal, and u	H	18 CAUSE OF DEATH (Enter on				Hagers		d ,	APPROVI	LATE INTED. LE
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res sici	l	lost,	(c)							
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have be be	ATIC	190 DATE OF OPERATION 196	CONDITION FOR WE	HICH OPERATION WAS PERFO	DRMED 200	AUTOPSY?		S, WERE FINDINGS C	ONSIDERED IN CE	RTIFYING
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Short Short		22b. SIGNATURE	04 1	11 - 1	-01			22c. (DATE SIGNED	1
OR ATTENI DE retoined DIRECTOR: A ge 3 should ed with the		1/2/	reil 1.1/1	Carrel H	DEGREE AT	ITENDING A MI	ED RECTOR	STAFF PHYS.	4/15/	29
AL O		22d. PHYSICIAN'S	C.F. 11			le. ADDRESS /			1-1-1-1	
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OSI e 4 UNE cto	230	BUR AL, CREMATION, 23b 1	DATE		METERY OR CREMAT	OBA	23d LOCATION	(City or Town)	(County)	(State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		REMOVAL (Spenin) 4	/16/69		awn Men	n. Garde	ns Hage	erstown	Wash C	o Md
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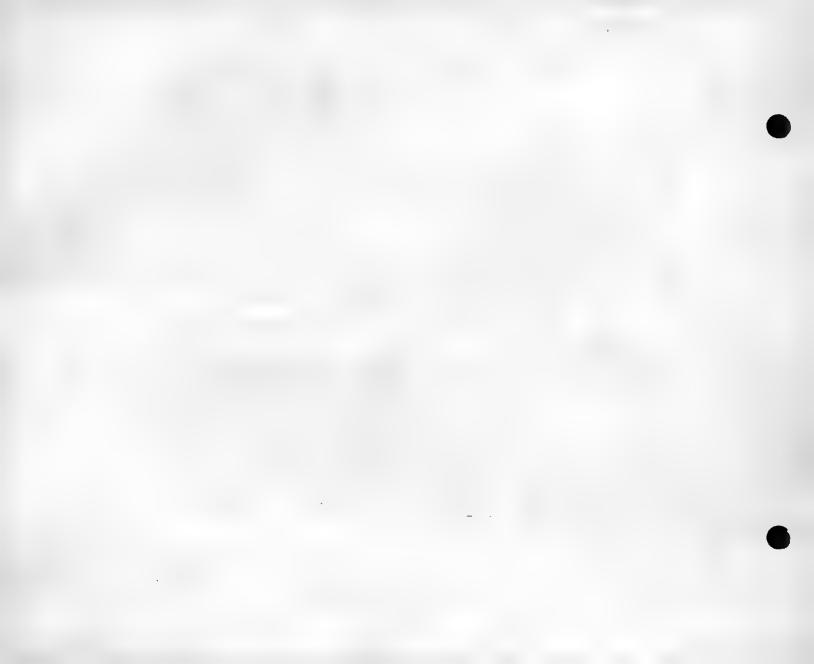
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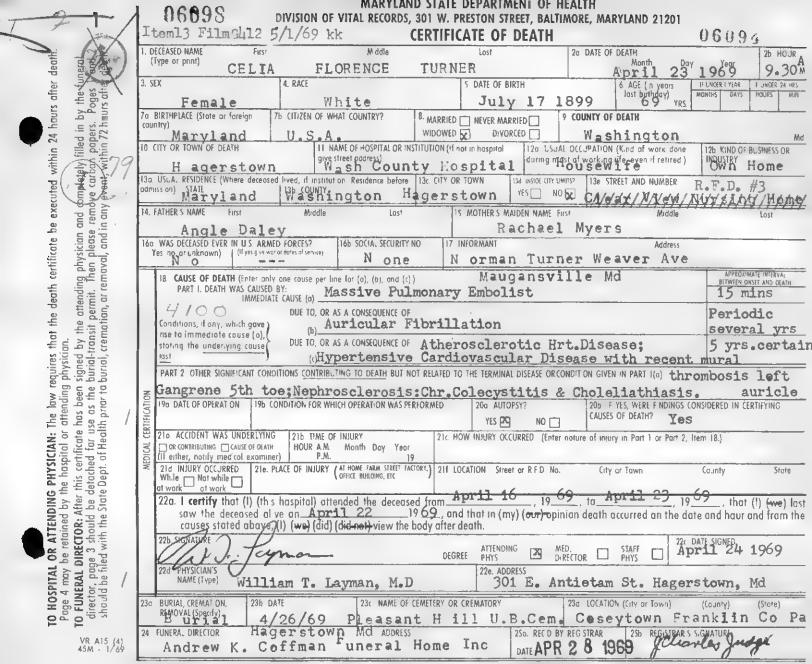
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h 2 h			CEASED-NAME First	Middle	Last	2o. DATE OF DEATH	2b. HOUR
leati eral and leati		(T	(pe or print) TRA	CLINTON	STRITE	April Month 7 Di	1964 830PM
	1	3. SE		4 RACE A	S. DATE OF BIRTH	6 AGE (In years	FUNGER 1 YEAR IF JADER 24 ARS.
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in 24 h		COUNT	ash Co, md.	ULSIA	WIDOWED DIVORCED	WAShingt	PW PW
hin 24 filled pape thin 73	73	10. Ç	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I)	USUAL OCCUPATION (Kind of work done of most of work by life, even if retired)	12b. KIND OF BUSINESS OR
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dw ndin been the ort		NO!	190. DATE OF OPERATION 195	CONDITION FOR WHICH OPERATION WAS I	ERFORMED 20g AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
AN: The law ralending of artending icate has been far use as the Health prior ta	2	CERTIFICATION				CAUSES OF DEATH?	
or of the hand		CERT	21a. ACCIDENT WAS UNDERLYIN	IĞ 216 TIME OF INJURY		(Enter nature of injury in Part 1 or Part 2	, Item (8)
ral far		MEDICAL	ar contributing acause of deal	H HOUR A.M. Manth Day Yea	r	,	,
rspi ospi cert cert hed		MED			19 ACTORY,) 21f. LOCATION Street or R.F.E.	No City or Town	County State
G PHYSICIAN: The law rather hospital or attending this certificate has been detached far use as the te Dept. of Health prior ta			While Nat while to wark				
DING 3 by t After 1 be c			22a 1 certify that (I) (th	is haspital) attended the decea	sed fram 4=11=	19 69 , ta 11-27- , 1	9 <u>69</u> , that (I) (we) last
			saw the deceased a causes stated abave	live an <u>U-27-</u> e, (I) (we) (did) (di d not) view tha	.19 <u>69 ,</u> and that in (my) (our) : bady after death.) opinion death accurred an the c	late and havr and from the
ATE etaine cross shaul			226 SIGNATURE	767		MED 57456 226	DATE SIGNED
5 e = 5 e			X No 2	Whill In.	DEGREE PHYS	DIRECTOR D STAFF D	1281969
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	1		22d PHYSICIANS NAME (Type) E. U	1. Ditto, JK	22e ADDRESS 215 W U	vash. St, -Hayer	stown, Md
HOS Jge 4 CUNI auld	1	23a.	CREMAT ON, 23b	BATE 234 NAME O	CEMETERY OF CREMATORY	23d JOCATION (City or Town)	(County) (State)
5 P 5 42	7		TRIVINEDIA 4	130/69 Ken	of Church Cer	m. Clartosa.	md.
VR A15 (410	24.	EUNERAL DIRECTOR	ADDRES	S te D 250 AT	R BY REGISTRAP 69 256 PEGISTRAR	'S SIGNATURE
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9 1		06097		s, 301 W. PRESTON STREE CERTIFICATE OF D	ET, BALTIMORE, MARYLAND 21201	06093
± −2±		ECFASED NAME First	M.ddle	Lost	2a. DATE OF DEATH	2b. HOUR
dea	1	Type or print) ATHENA		T.RANTOULF	SS 4 Manth Do	21 Yeor 69 3:45M
fun fun fer c	3. 51		4. RACE	S DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
24 haurs after death. 24 haurs after death. 25 haurs after death.	F	FEMALE	WITE	MARCH 6	5. 1891 last birthday)	MONTHS DAYS HOURS MIN
Per Per		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIE		
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filled in 24	10. (ITY OR TOWN OF DEATH		INSTITUTION (If not in haspital	12a. USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
		PA & STOM.	give street oddress)	HOSP.	during most of working life, even if retired.) COOK	INDUSTRY LEST HURAKT
事 声音 ti	130.	USUAL RESIDENCE (Where deceo	sed lived, if institution, Residence before		INSIDE CITY LUMITS? 13e. STREET AND NUMBER	
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and correction and co	14	FATHER'S NAME First	Middle Lost	15. MOTHER S MAID	EN NAME First Middle	Lost
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an an		(es, no, or unknown) (11 yes give	wat or dates of service)		Address	
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ne death cei attending p permit. The		18. CAUSE OF DEATH (Enter or	nly are cause per line for (a), (b), and	(d)}		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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t the sit p		Canditians, if any, which gave rise to immediate cause (a),				
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equires tha physician. signed by burial-tran		PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE OR CONDITION GIVEN IN PART 1(a)	
ing ing ten ta	l s	90	0)1/5			
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The aff	CERTIFICAT.			YES 🗀	NO	
AN: AN: I of cate ar u		210. ACCIDENT WAS UNDERLY!			RED (Enternature of injury in Part 1 or Port 2	, Item 18.)
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de transfer de tra		While Not while at work				
be Stal	П	22a. I certify that (I) (I	his hospital) attended the dece	used from 4 15	, 19 <u>60</u> , to <u>4/2/</u> , 19 (gif) apinion death accurred an the d	9 <u>65</u> , that (I) (we) last
ENG Pied A: A	П	couses stated abov	e, (i) (vit) (det) (d.d.nat) view th	ne bady after death.	(MAC) abunou again accorted on the a	are and navr and from me
ATTA estair Sho sho		22b. SIGNATURE			220	. DATE SIGNED
	П	16 Ode	& Browllan	DEGREE PHYS	DIRECTOR D STAFF D A	F. I. 21. 1969
A P P P P P P P P P P P P P P P P P P P		22d PHYSICIAN'S	100000	22e. ADDRES	55	
ERA HERA		NAME (Type) ELDOI	G. HOAC: A.DE.	M.D. 115 V	VEST WASHINGTON STREE	1
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar to burial, cresshould be filed with the State Dept. of Health priar to burial, cresshould be filed with the State Dept.	230	BURIAL, CREMATION, 23b.	DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 6 F 2	E	REMOVAL (Specify)	-23-1969 .05	F HILL CHMENUS	Y HA FRSTOWN WAS	SHILLON MD.
VR A15 VAC		FUNERAL DIRECTOR	ADDRI	255	SO RECUBLY REGISTRAR 256 REGISTRAR ARTERISTRAR	S SIGNATURE
30M REV 68	<	-Hacks on to	WEV 'AI	STOVN, MD.	A 1000 /	And Mandadore







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1		06099	DIVISION OF V		ICATE OF DEATH	IMORE, MARYLAND 21201	06093
death. eral ond 2 death.			LTER	EUGENE	TÜRNER'	20. DATE OF DEATH APRIL -Month D	oy 1 6 Year 69 2b. HOUR
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. e hospital or ottending physician. his certificate has been signed by the ottending physicion and completely filled in by the funeral stached for use os the burial transit permit. Then please Terroye corbon paper. Pages I and 2 Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours death.	3. 5	MALE	4 RACE Whi	ke	S. DATE OF BIRTH Aug. 25. 1	9/3 6 AGE (In years lost burthday)	IF UNDER I YEAR IF JINDER 24 HRS MONTHS DAYS HOURS Min,
d in by		BIRTHPLACE (State or foreign natry) Mary And	75. CITIZEN OF WHAT	COUNTRY? 8. MARRI WIDOW		9. COUNTY OF DEATH WAShing to N	Md.
within 2 ely filled bon pag within	Ľ.	CITY OR TOWN OF DEATH HAGEPSTEW N	give stre	E OF HOSPITAL OR INSTITUTION : LING HIN CONN	A Hospital during mi	NL OCCUPATION (Kind of work done ost of working life, even if retired)	
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errificate be physicion nen please tavol, ondzi		. WAS DECEASED EVER IN U.S. AR (es, no, or unknown) (If yes give	MED FORCES? war or dates of service)	56 SOCIAL SECURITY NO.	Phyllis F. B	owers Torser 6	29 S Verment 9
AN: The low requires that the death certifical or ottending physician. It is been signed by the ottending physical to use as the buriof transit permit. Then phealth prior to buriol, crematian, or removal,		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED	inly one couse per line ED BY. IATE CAUSE (a)	for (o), (b) and (c))	wearded.	Ye fareter	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of the di the offe nsit pern matian,		Conditions, if any, which gove rise to immediate cause (a),	1 (95	A CONSEQUENCE OF	Arouko	ul	
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r required by signification of the pure to bur	Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELATE) TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(c)	
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HYSICIAN: hospital or s certificate rched for u	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (1f either, notify medical exam	ATH HOUR A.M.	Manth Day Year		r nature of injury in Part 1 or Part 2	!, Item 18.)
S PHYSIC the hospi this certi detached	W	While Not while of work			LOCATION Street or R.F.D. No.		County State
AL OR ATTENDING PHYSICITY be retoined by the hospity be retoined by the hospity by a shauld be detached oge 3 shauld be detached filed with the Stote Dept. of		22a. I certify that (I) (t saw the deceased causes stated above	his haspital) atten alive an /e.(1) (we)(did)(d	ded the deceased fram. 19, id nat) view the bady aft	and that in (my) (aur) api er death.	nian death accurred an the c	969, that (I) (we) last date and have and fram the
OR ATTENI be retained SIRECTOR: A je 3 shauld ed with the		22b. SIGNATUR	Lesello	110	ATTENDING N	NED STAFF 22	c. DATE SIGNED 4-17-69
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TO HO: Poge of FUN direct	230	BURIAL, CREMATION, 23b REMOVAL (Specify)	DATE 4-19-69	6 reen Law	N	23d LOCATION (City or Town)	(County) (State) (UAS/1. Md.
30M REV.	24.	FUNERAL DIRECTOR	Lyure	and maket.	aso. REC'D B	y registrar 256. registrar 2 1 1969 fcc	es signature



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RYLAND STATE DEPARTMENT OF HEALTH

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				MARYLAN	ID STATE DEPARTMENT OF	HEALTH			
	1	- 1	0.01.04	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	06097		
			06101 CERTIFICATE OF DEATH						
	4 64	_ lī		irst Middle	Lost	20. DATE OF DEATH	2b. HOUR		
	leat eral ond leat		(Type or print)	OY 2 Barkdoll	Wiles	Month Day	1969 8 a.M		
	fun 101	3	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR # UNDER 24 HRS		
	afte the raft	- 1	Female,	White	Feb. 2, 18	last birthdoy) YRS.	MONTHS OXYS HOURS MIN.		
	Sin A	, 7	a DIDTIADIACE (Chaha as former	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH			
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	n 2	Ţ	O. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (of nat in haspital 120 USU	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR		
	within 24 hours after death ety filled in by the funeral boy paper. Pages 1 and 2 within 72 the 31s after death	20	Hagerstown	give street oddress) Garlock Nur	sing Home	ast of working life, even if retired) Housewife	INDUSTRY		
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	5 2 9 6		dmission) STATE Maryland	13b. COUNTY Washington	Smithsburg YES X N	0 🗆			
	exe em em ony	7 [4. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Lost		
	be and		Will	liam F. Barkd	oll	Susan	Fitz		
	ate icial leas and		16a. WAS DECEASED EVER IN U.S Yes, na. ar unknawn) (If yes	mive was or dates of secure)		Address			
	tific hys		no nakadami)	220-10-3	710B Mr. John R. V	Viles Smithsbur			
	ng F		1B. CAUSE OF DEATH (Ente	r anly ane cause per line for (o), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET, AND GEATH		
	eath indii or re		PART I. DEATH WAS CA	RUSED BY. REDIATE CAUSE (o) Cerebral	thrombosis		2 weeks		
	e de atte		4124	DUE TO, OR AS A CONSEQUENCE OF					
	t th		Canditians, if any, which go rise to emmediate couse ((b) Generaliz	ed arterioscleroti	c cardiovascular	10 years		
	tha an. by ran ran	- 1	stating the underlying car	DUE TO, OR AS A CONSEQUENCE OF		disease.			
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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and farmed et 3 shauld be detacted for use as the burial-transit permit. Then please remove and exit the State Dept at Health priar to burial, crematian, or removal, and in any event		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)			
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	e la tenc tenc ss b as as pria	<u>م</u> ا	190. DATE OF OPERATION 210 ACCIDENT WAS UNDER	19b. CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	SUZINEKED IN CEKTIFTING		
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	dl o dl o ficat far fer Hec			FORATH HOUR A.M. Month Doy Year	TIC HOM INDOKT OCCURRED (FULL	er noture at injury in Port I of Port 2, I	18m 16.)		
	Spit spit entification of a factor of a fa		G ☐ OR CONTRIBUTING ☐ CAUSE OF CAUSE O	cominer) P.M.	OCCUPATION STORY DED AN	City or Town	Caunty State		
	by ho is contracted that	- 1	While Nat while at work	210 PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	Sit footion Sheet of Kind an	City of Town	County		
	5 t t s t		00 5 416 -1 4 60	(this haspital) attended the deceas	ad from 7 = 30 105	6 to 4-2 to	69 that (I) (wa) last		
	Afte Afte be Ste		saw the decease	d alive on 3-26	19.69, and that in (my) (our) ap	inian death accurred on the da	te and havr and from the		
	the Spirit		couses stoted of	(this haspital) aftended the deceased alive on 3-26 ove, (I) (we) (did) (did not) view the	body ofter deoth.				
	reta reta sh		22b. SIGNATURE		ATTENDING -	22c. [DATE SIGNED		
_	Pe Se Pe		Char	is it fersi		MED. STAFF DIRECTOR PHYS. 4	-2-69		
	TAI nay AI pag pag	7	22d. PHYSICIAN'S NAME (Type) Cha	nles E Hoss M D	22e. ADDRESS	ni thsburg, Marylan	a 21783		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cafrector, page 3 should be detached for use as the burial-transit permit. Then please remained be filed with the State Dept at Health priar to burial, crematian, or removal, and in any	-	· Gira	rles F. Hess, M.D.		23d LOCATION (City or Town)			
	Har Single Share S		23o. BUR AL CREMATION, REMOVAL (Specify)		CEMETERY OR CREMATORY		(County) (State)		
		-	24. FUNERAL DIRECTOR	4/5/3.969 Smit	hsburg 250 RFC'D	Smithsburg, Was	SIGNATURE -		
	VR A15 (4) 30M REV, 176	60	Tanilal	7 Waynesboro	A :	PR 7 1969 JCL	arles Judge "		
		MI	1844617 (=	Waynesboro	TOTAL PAIR 11				



		AND STATE DEPAKTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE, MARYL	AND 91901
	06102 DIVISION OF VITAL RECORD	CERTIFICATE OF DEATH	06098
after death. the funeral ges 1 and 2 after death.	1. DECEASED NAME First Middle (Type or print) SARAH FRANC	CE WILEY Apr	TH 2b. HOUR Manth Day Year
executed within 24 hours after death of completely filled in the funeral amove carban papers. Pages 1 and only event, within 12 have after death	3 SEX Female 4 RACE White	S. DATE OF BIRTH	AGE (In years of UNDER LYEAR IN UNDER 24 HRS. AGE (In years of UNDER LYEAR IN UNDER 24 HRS. AGE (In years of UNDER LYEAR IN UNDER 24 HRS. AGE (In years of UNDER LYEAR IN UNDER 24 HRS. AGE (In years of UNDER LYEAR IN UNDER 24 HRS. AGE (In years of UNDER LYEAR IN UNDER 24 HRS. AGE (In years of UNDER LYEAR IN UNDER 24 HRS. AGE (In years of UNDER LYEAR IN UNDER 24 HRS. AGE (In years of UNDER LYEAR IN UNDER 24 HRS. AGE (In years of UNDER LYEAR IN UNDER 24 HRS. AGE (In years of UNDER LYEAR IN UNDER 24 HRS. AGE (In years of UNDER LYEAR IN UNDER 24 HRS. AGE (In years of UNDER LYEAR IN UNDER LYEAR IN UNDER 24 HRS. AGE (In years) AGE (In year
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age executed with age completely femove corban in any event, with	13a USUAL RESIDENCE (Where deceased ved, if institution Residence before admission) STATE 13b USAN STATE	THE TOTAL CITY OR TOWN 13d INSIDE CTY LIMITS? 13e. STREET	AND NUMBER W.Franklin St.
2 2:5	14 FATHERS NAME First Middle .cos Charles Brillhart	t IS MOTHER'S MAIDEN NAME First Lena E. Manaha	Middle Last
physician en pless ovoi, ond i	To WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, plynknawn) (Il yos gw war or dores of service) None 214-09	TYNO 17 INFORMANT Hagerstown, -440 Miss Suzanne Hetzer	Md Address 106 Sypress St.
quires that the deoth ce physicion. igned by the ottending wrial-tronsit permit. Th uriol, cremotion, ar rem	IB CAUSE OF DEATH (Enter only one cause per line for (p), (b), and PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSCIUNCE (a) to the underlying cause (b). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	revolved Carcinomat reinoma of breez	APPROVIMENTE INITIONAL BETWEEN ONSET AND DEATH 15 years PART 1(0)
The after has has hor hor	19a DATE OF OPERAT ON 19b. CONDITION FOR WHICH OPERATION WAS 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR AM Month Day You	CAUSES OF 21c HOW INJURY OCCJRRED (Enter nature of injury in	
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OR ATTENDING be retained by the DIRECTOR: After ig 3 should be ded with the State	22a. I certify that (I) (this haspital) attended the dece saw the deceased alive an causes stated abave, (I) (we) (did) (did not) view the state of the decease of the dece		rred on the date and haur and from the
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Health	22d PHYSICIANS NAME (TYPE) JOHN A. MORAN, M	ATTENDING MED DIRECTOR D ST. PH. ST. PH. ST. Which. St. He	aff 220 Date SIGNED, 69 agentom, md.
TO HOS	230 BURIAL (REMATION, PROVAL (Specify) April 8. 24 FUNERAL DIRECTOR Hagerstown, Md.		town, Wash. Co. Md.
VR A15	Andrew K.Coffman Funeral	Home Inc 250 APRY REGISTRAS 1968	your judge.



~/ ₂							DEPARTMENT					
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1 年	_	Genale			White		December			YRS		Jan
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The law offendir has bee as the the prior t	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION WAS PE	FORMED	20o. AUTOPSY?		20b. IF YES, W CAUSES OF DE		ONSIDERED IN CERT	IFYING
The offi	RIE			.,-			YES	но 🔲				
AN: al ol icate for I Hea		21o. ACCIDENT WAS UNI ☐ OR CONTRIBUTING ☐ CAUS		1216, TIME OF IN	UURY Month Day Year	21c. H	OW INJURY OCCURRED	D (Enter natu	ore of injury in Po	rt I ar Part 2, I	tem 18.)	
SICI spirt ed ed	MEDICAL	(If either, natify medical	examiner)	P.M.	19							
SPITAL OR ATENDING PHYSICIAN: The law requires the 4 moy be retained by the hospital or ottending physician. IERAL DIRECTOR: After this certificate has been signed by or, page 3 should be detoched for use as the buriol-tran id be filed with the State Dept. of Health prior to buriol, created by the state Dept.		21d th. DRY OCCURRED While Nat while at wark	Zie, PLA	CE OF INJURY (AT	FICE BUILDING, ETC.	10KT.) 211 LI	OCATION Street at R	t.F.D. Na	City or Tow	P	County	Stote
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Marie Paris	Ш	22b. SIGNATURE	11	11.	1		ATTENDING	- MED	STAFI		DATE SIGNED	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 has Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to buriol, cremotion, or remayol, and in any event, within 72 has a should be filed with the State Dept.	92.	DUD AL CREMITAN				THEY SO						
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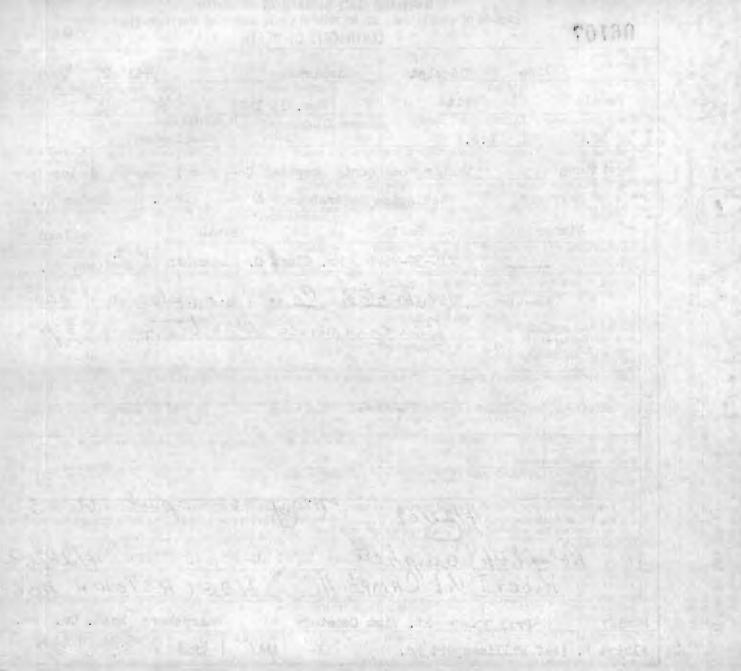
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	L	06104		E/1071	ERTIFICATE	OF DEATH			0611	10
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ofter ofter	3 5	EX E	4. RACE	16		TE OF BIRTH		last birthday)	IF UNDER 1 YEAR MONTHS DAYS	F JNDER 24 HRS HOURS MIN
SI CAN SO	.7a	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED 🔀 NE		9. COUNTY OF D	73 YRS		
A First	เอบ	ntry) Maryland	USA		WIDOWED [DIVORCED		NGTON		Md.
within 2	10	HAGERS TOWN	11 NA/ 9 ve st WES	NE OF HOSPITAL OR INS reet address) TERN MD.	TITUTION (IF not in he STATE HOS	ospital 120. US during	UAL OCCUPATION (I most of working li housewif		126 KIND OF B	USINESS OR
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Se la pe		John	Α.	Kline			ırah	C.	Savi	Lle
rificote hysicio		WAS DECEASED EVER IN U.S. ARI esamo ar unknown) (If yes give v	AED FORCES? yar or dates of service)	16b. SOCIAL SECURITY N		ah Guy	Weste	rnport, Md		
ATJENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death stained by the hospital or attending physician. CTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral should be detoched for use as the burial-transit permit. Then please remove carbon papers fages 1 and 2 with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 hours after death		1B. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE IMMEDIA	D BY. ATE CAUSE (a)	***	2000	lar b	neum	กเล	APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
not the or. y the ot ansit per		Conditions, if any, which gave rise to immediate couse (a),	(b)	A CONSEQUENCE OF	Mult	iple.	sclero	515	10	yrs
es the sicion sicion ed bol-tro	П	stating the underlying cause	(c)	A CONSEQUENCE OF						
requir g phy n sign e burn o buri	_	PART 2 OTHER SIGNIFICANT COI	DITIONS CONTRIBUTE	. 7	T RELATED TO THE TO		RCONDITION GIVEN	N PART 3(a)		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detoched far use as the burial-transity should be filed with the State Dept. of Health priar to burial, creman	CERTIFICATION		CONDITION FOR WHIC	TH OPERATION WAS PER		a. AUTOPSY? YES NO [CAUSES C	ES, WERE FINDINGS (OF DEATH?	ONSIDERED IN CER	RTIFYING
CIAN: Vital or rificate of Health	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEA' (If either, notify medical exami	HOUR A.M.	INJURY Month Day Year	21c. HOW INJ	URY OCCURRED (En	ter noture of injury	in Port 1 or Port 2,	Item 18.) -	
DING PHYSICIAL by the hospital frer this certifics be detoched for	WE	21d INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		Street or R.F.D. ?		Town	County	Stote
NDING ed by t : After Id be d		22a. I certify that A (the saw the deceased a causes stated above	is haspital) atter	nded the decease	d fram 12-	t in (my) (our)	DB, to pinian death ac	(urred an the do	14 , that integrated the state of the state	(I) (we) last nd fram the
OR ATTENI be retoined JIRECTOR: A JIRECTOR: A si should ed with the		22b. SIGNATURE	(II) (We) (did)(View the t		ATTENDING			DATE SIGNED	1010
Poge 4 may be retoined O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type)	1111 G	Riles		PHYS. L. Press /500	0	. 11	stown	1701 Md
OSP e 4 UNE ctor ctor	230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF C	EMETERY OR CREMA		23d LOCATION		(County)	(State)
Pog o spin short	1230	BENOVAT (SPILITY)	25/69	Philos			1		llegany	. ,
VR AISTAL ?	24.	FUNERAL-DIRECTOR		port, FREESS		250 REC'D	BY REGISTRAR	2Sb REGISTRAR'S		





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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06108 06104 CERTIFICATE OF DEATH 1. DECEASED-NAME First by the funeral Pages 1 and 2 haurs after death. Lost 20. DATE OF DEATH 2b. HOUR TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death (Type or print) David April Marin, 4:00 , Bumberger 1969 Year Zook 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years SE SINDER 1 YEAR lost birthday) white male Feb. 13. 1879 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Penna. USA Washington WIDOWED | DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR gwastreehoddress Co. during most of workingslife, even if retired.) Hagerstown Hospital. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysicial and camplete director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carb should be tiled with the State Dept. at Health prior to burial, crematian, ar removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Wash. Hagerstown YES 🛣 NO [600 Washington Ave. 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Jacob Zook Annie Bumberger 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) 705-10-4674 Yes no, ar unknawn) Blanche F. Zook, Hagerstown, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Terminal BETWEEN ONSET AND DEATH Terminal arteriosclerotic artery disease DUE TO, OR AS A CONSEQUENCE OF with abdominal aneurysm Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Dehydration and mainutrition 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, SIREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 4/1//, 1909, ta _____, 19___, that (I) (XX) last saw the deceased alive an 4/17/ 169, and that in (my) XXV) apinian death accurred an the date and haur and fram the causes stated above (1) (catk(did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. KOK MED. STAFF PHYS. - DEGREE 4/18/69 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Howard N. Weeks, M.D. 580 Northern Ave., Hagerstown, Md 23g. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 4-19-69 Green Hill Cemetery Wasynesboro, Paradoress and Par 24 HUMERAI DIRECTOR
Minnich Funeral Home, Hagerstown, Md.

